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JANUARY, 1916

MONTHLY BULLETIN

CONNECTICUT

STATE BOARD OF HEALTH

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STATE BOARD OF HEALTH

Edward K. Root, M.D., Hartford

Albert W. Phillips, M.D., Derby

Lewis Sperry, Esq., South Windsor

Arthur J. Wolff, M.D., Hartford

Louis J. Pons, M.D., Milford

J. Frederick Jackson, C.E., Hamden

John T. Black, M.D., Secretary

In Memoriam.

The leading article in the January Bulletin was to have been a New Year greeting from the secretary to his fellow-workers. He had said, "I want to send each Health Officer and Town Clerk a word of friendly greeting." You who have worked with him know his ideals and his devotion to duty, perhaps that memory of him may be your inspiration for 1916.

Dr. Joseph Hendley Townsend, secretary of the state board of health, died this evening, January 7, at his home, 62 Trumbull Street. He had been ill from grippe, followed by pneumonia, which was the immediate cause of death. He was a descendant in the eighth generation from Thomas Townsend, who came from London, Eng., and settled in Lynn, Mass., about 1637. He was fifth descendant from Jeremiah Townsend, who came from Boston, Mass., in 1739, building a home on the northeast corner of Elm and College Streets, New Haven, which property remained in the Townsend family until 1833, when it was sold to the First Methodist Church.

Dr. Townsend was the son of the late John Townsend of this city, and Harriett E. (Sears) Townsend of Middletown. He was born in this city, January 18, 1862, and received his early education in the public schools of New Haven. He was graduated from the Hillhouse High School in 1881. He was graduated from Yale University, academic department, in 1885, and from the Yale Medical School in 1887, receiving the Campbell prize in obstetrics. After spending nearly two years in the City Hospital he began the practice of medicine in New Haven, where he has always lived. On April 28, 1896, he married Mrs. Bertha (Goodyear) Bradley, daughter of Gen. E. D. S. Goodyear of North Haven.

He was a member of the New Haven Board of Health from 1895 to 1900; was appointed a member of the State Board of Health in 1901, and was chosen its secretary in 1906, remaining in that capacity since. He was appointed a member of the medical staff of the Connecticut National Guard in 1891, and was chief surgeon with the rank of major at the time of his death. He was a lecturer on hygiene in the medical department of Yale University. He was a strong republican and a member of the United Congregational Church. Among the organizations of which he was a member are the American Medical Association, Connecticut Medical Society, the Association of Military Surgeons of the United States, the American Public Health Association, Sons of the American Revolution, Gamma Delta Psi, Delta Kappa Epsilon, Graduates Club of New Haven, and the Hartford Club of Hartford.—*New Haven Evening Register.*

The funeral was held from his home in Trumbull Street. Many close friends who had been associated with him professionally and through his official duties, came here for the service which the Rev. Robert C. Denison of the United Church conducted. The body bearers were six sergeants, detailed from the hospital corps of the Connecticut National Guard, and the honorary bearers were selected to represent the state, the National Guard, the State Board of Health and the medical profession. Interment was in Grove Street Cemetery.

The New Haven Medical Association, at a special meeting held Saturday, adopted resolutions in which it said:

"The New Haven Medical Association, assembled in special meeting, January 8, 1916, pays sorrowful tribute to its former president, Dr. Joseph Hendley Townsend, who died at his home, 62 Trumbull Street, on Friday.

"As a student he was faithful and companionable, and his knowledge of professional subjects was both broad and deep. As a practitioner he was attentive and sympathetic, and was trusted and loved by his patients.

"As a teacher he was practical and conservative.

"His administration of sanitary affairs combined a thorough knowledge of the science of hygiene, and a strong common sense method in their application to existing conditions.

"As a military surgeon he showed great capacity for organization and a keen appreciation of the importance of careful attention to detail. His kind manner and calm disposition proved an inspiration to his subordinates, and made them eager to merit his approbation.

"We, his professional associates, will always cherish with grateful memory his genial manner, his broad intellectual development, his unswerving devotion to duty, his fairness in judgment, his services to the state, and most of all, his cordial personal good fellowship."—*Hartford Courant*.

DR. JOSEPH HENDLEY TOWNSEND.

An eminently useful life, of which New Haven is justly proud, is brought to its earthly close, prematurely, we think, in the passing of Dr. Townsend. In a community which has had many distinguished members of his profession, he has been conspicuous for his skill, his learning, his untiring enthusiasm for the cause of healing and public health. To the private practitioner the community owes much in a personal and intimate way—and Dr. Townsend had done his share of that sort of service. But he had an ambition and a capacity for a broader contribution to the common good, and in that he has achieved a notable eminence. His work for public health, in the community and in the state, will stand as the most abiding monument of Dr. Townsend's career, but as teacher, lecturer and writer he was still more widely known and will be long remembered.

Many are the circles with which Dr. Townsend had been associated in his public career of thirty years, and in all of them he will be missed and mourned. He was a man of many parts, of broad sympathies and catholic friendships, and improved well his advantages for serving many men in many ways. All Connecticut has had the blessing of his life work, and all Connecticut pays tender and earnest tribute to a remarkable life.—*New Haven Register*.

RESOLUTIONS OF THE STATE BOARD OF HEALTH.

At a meeting of the State Board of Health holden on the 18th day of January, 1916, all members of the Board being present, it was *Resolved*:

In the death of Dr. Joseph Hendley Townsend, its Secretary, the members of the State Board of Health mourn the loss of a true friend; the State a faithful servant.

His interest in public health was intense and the source of many important laws concerning it.

He was always courteous and approachable and ready to render assistance to those who sought him in his official capacity.

His reserve and modesty hid from many who did not know him intimately a surprising capacity for detail in the discharge of the duties of his office and a sound knowledge of medical science.

His death came in the prime of life, after some years of experience in the pursuit of his chosen branch of medical science, when he had every reason to believe that his expectations for an increase in the constructive powers of the Board for which he had fought so tactfully, persistently and courageously for many years were about to be realized.

His place among us is vacant but his memory will always be an inspiration.

Resolved: That these Resolutions be entered upon the records of the Board and a copy of same be forwarded to the family of Dr. Townsend.

ADDRESS AT THE FUNERAL SERVICE OF DR. JOSEPH HENDLEY TOWNSEND.

REV. ROBERT DENISON.

Public eulogy in the hour of death is justified, it is even demanded, when it utters the feelings of many hearts. He, for whose death we mourn to-day, would doubtless say, speak not of me. But we cannot but speak of him, for we must acknowledge our gratitude for his character and services and we must express the love with which we loved him. He was a quiet man, but underneath that quietness lay a strength that impressed itself on all he touched and everywhere inspired trust. Behind the external reserve there was a tenderness that won the love of all who knew him.

He came of that New England stock which has strong conscience and high regard for duty. His inherited sense of right and wrong grew clearer and stronger in him, because he used it every day as the guide and law of his life.

He was a good comrade. He enjoyed the fellowship of men and brought a genial spirit to the lighter hours that men spend together. He loved children and drew them to him, for man and child alike, the child by instinct and the man by experience, found in him that sincerity of mind and heart which begets confidence.

He discharged public trust with careful wisdom, with unfailing fidelity and with pure hands. He sought to deal with all men not only justly, but considerately, thinking not only of their rights, but also of their feelings.

His home was his rest and recreation, and he went out from it for every day's work refreshed and strengthened. His religious faith was as simple as his character. When the end drew near, he said "I am not afraid." In the mystery of eternity, there is no dread for him who has lived lovingly and well. "There can no evil befall the good man, whether he be alive or dead." He went in the prime of his strength and usefulness, before there had come upon him any touch of weakness. We who love him and who yet remain know well in our heart of hearts that he has been transferred to higher service.

"For that force
Surely has not been left vain.
Somewhere, surely, afar,
In the sounding labor-house vast
Of being, is practiced that strength,
Zealous, beneficent, firm."

VITAL STATISTICS FOR DECEMBER, 1915.

By mortality reports received there were 1,615 deaths during the month of December. This was 275 more than in November and 141 more than in December of last year, and 124 more than the average number of deaths during December for the five years preceding.

	1915	1914	1913	1912	1911	1910
January	1,525	1,671	1,614	1,600	1,760	1,498
February	1,462	1,623	1,547	1,567	1,556	1,421
March	1,803	1,845	1,704	1,681	1,692	1,632
Total first quarter	4,790	5,139	4,865	4,848	5,008	4,551
April	1,753	1,650	1,507	1,428	1,679	1,505
May	1,419	1,509	1,425	1,406	1,435	1,421
June	1,312	1,233	1,408	1,213	1,175	1,266
Total second quarter	4,484	4,392	4,340	4,047	4,289	4,192
July	1,506	1,440	1,498	1,454	1,635	1,735
August	1,606	1,596	1,535	1,433	1,449	1,426
September	1,482	1,526	1,422	1,392	1,284	1,387
Total third quarter	4,594	4,562	4,455	4,279	4,368	4,548
October	1,402	1,323	1,239	1,397	1,345	1,381
November	1,340	1,321	1,275	1,256	1,196	1,252
December	1,615	1,474	1,549	1,489	1,348	1,576
Total fourth quarter	4,357	4,118	4,063	4,142	3,889	4,209
Total for year	18,225	18,211	17,723	17,316	17,554	17,500

The death rate expressed as an annual rate per 1,000 estimated population was 16.0 for the large towns, for the small towns 14.9, and for the whole State including State institutions 15.8. The deaths from infectious diseases were 225, being 13.9 per cent. of the total mortality.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

TYPHOID FEVER.—Danbury (city), 1; Hamden, 2; Hartford, 1; Lebanon, 1; Madison, 1; Naugatuck, 2; New Hartford, 1; New Haven, 3; New London, 1; Norwalk, 2; Stamford, 1; Stratford, 1; Torrington, 3; Waterbury, 9; West Hartford, 1.—Total, 30 in 15 towns.

MEASLES.—Avon, 1; Bridgeport, 8; Brookfield, 1; Canterbury, 3; Danielson (borough), 1; East Hartford, 1; Fairfield, 1; Greenwich, 2; Hartford, 43; Harwinton, 2; Killingly, 4; Ledyard, 2; Manchester, 1;

Meriden (city), 1; Milford, 1; Naugatuck, 1; New Britain, 2; New Haven, 5; Plainfield, 18+; Rocky Hill, 2; Salisbury, 1; Southington, 2; Stamford, 1; Stonington, 8; Thompson, 2; Waterbury, 6; Willimantic, 5.—Total, 125+ in 27 towns.

SCARLET FEVER.—Berlin, 1; Bridgeport, 23; Bristol, 2; Danbury (city), 11; East Hampton, 3; East Haven, 1; Fairfield, 4; Greenwich, 5; Griswold, 1; Hamden, 2; Hartford, 5; Jewett City, 6; Lebanon, 1; Manchester, 1; Meriden (city), 1; Meriden (town), 1; New Britain, 1; New Canaan, 2; New Haven, 23; Norwalk, 1; Norwich (city), 1; Norwich (town), 2; Plainfield, 3; Plymouth, 1; Putnam, 5; Redding, 2; Shelton, 1; Southington, 1; Sprague, 3; Stamford, 2; Thompson, 1; Wallingford, 1; Waterbury, 7; Watertown, 2; Willimantic, 6; Woodstock, 1.—Total, 134 in 36 towns.

WHOOPING COUGH.—Beacon Falls, 4; Bethel, "epidemic"; Bridgeport, 4; Danielson (borough), "epidemic"; Derby, "many"; Greenwich, 1; Groton, 3; Hartford, 14; Huntington, 7; Killingly, "epidemic"; Lyme, 2; Middletown (city), 3; Naugatuck, 1; New Britain, 7; New Hartford, 1; New Haven, 11; Norfolk, 8; Norwalk, 4; Putnam, 2; Redding, 1; Rockville, 2; Roxbury, "epidemic"; Shelton, "epidemic"; Southington, 2+; Stamford, 1; Waterbury, 1; West Hartford, 1; Willington, 6.—Total, 86+ in 28 towns.

DIPHTHERIA.—Ansonia, 1; Beacon Falls, 1; Bridgeport, 31; Bristol, 1; Colchester (borough), 2; Danbury (city), 3; Danbury (town), 1; Derby, 2; East Hartford, 1; East Haven, 1; Enfield, 2; Fairfield, 1; Glastonbury, 3; Groton, 1; Hamden, 1; Hartford, 27; Jewett City, 1; Meriden (city), 2; Meriden (town), 2; Naugatuck, 4; New Britain, 15; New Canaan, 2; New Haven, 26; Newington, 2; New London, 26; Norwalk, 1; Norwich (city), 10; Norwich (town), 1; Orange, 3; Plainfield, 1; Plymouth, 1; Preston, 1; Putnam, 2; Rockville, 9; Salisbury, 2; Seymour, 1; Shelton, 1; Southington, 1; Stafford, 1; Stafford Springs, 2; Stamford, 2; Sterling, 1; Stratford, 6; Torrington, 2; Vernon, 1; Waterbury, 20; Watertown, 2; West Hartford, 1; Wethersfield, 1; Willimantic, 1; Windsor, 4.—Total, 237 in 51 towns.

TUBERCULOSIS.—Ansonia, 1; Bloomfield, 1; Branford, 1; Bridgeport, 20; Bristol, 1; Brookfield, 2; Colchester (borough), 1; Danbury (city), 4; Derby, 1; East Windsor, 1; Fairfield, 1; Greenwich, 2; Hampton, 1; Hartford, 15; Killingly, 1; Lebanon, 1; Meriden (city), 2; Middletown (city), 2; Middletown (town), 3; Milford, 1; New Canaan, 2; New Haven, 16; North Stonington, 1; Norwalk, 2; Norwich (city), 2; Old Lyme, 1; Orange, 1; Preston, 1; Putnam, 2; Ridgefield, 3; Rockville, 1; Scotland, 1; Southington, 1; Stamford, 8; Thomaston, 1; Wallingford, 2; Waterbury, 9.—Total, 115 in 36 towns.

CEREBRO SPINAL FEVER.—New Haven, 2.

INFANTILE PARALYSIS.—New Haven, 1; Willimantic, 1.—Total, 2 in 2 towns.

GONORRHOEA.—Farmington, 2; Hartford, 18; Old Saybrook, 1; Saybrook, 1; Simsbury, 1; Voluntown, 2; West Hartford, 1.—Total, 26 in 7 towns.

SYPHILIS.—Farmington, 1; Greenwich, 3; Hartford, 6; Mansfield, 1; Plainfield, 1; Simsbury, 1.—Total, 13 in 6 towns.

In addition to the above the Health Officers of 82 towns report that they have not been notified of any infectious diseases.

All the Health Officers of Hartford, New Haven, New London, Windham, and Litchfield Counties have reported, but the Health Officers of the following towns have not reported:

Fairfield Co.—Stamford.

Middlesex Co.—Haddam, Westbrook.

Tolland Co.—Bolton.

The following DEATHS from infectious diseases are reported by the REGISTRARS in towns of less than 5,000 population:

TYPHOID FEVER.—Sherman, 1.

WHOOPING COUGH.—East Windsor, 1.

DIPHTHERIA.—Watertown, 1.

LA GRIPPE.—East Hampton, 1; Hebron, 1; North Branford, 1.—Total, 3.

TUBERCULOSIS.—Beacon Falls, 1; Burlington, 1; Colchester, 2; Eastford, 1; East Lyme, 1; Harwington, 1; New Canaan, 1; Newington, 7; North Stonington, 1; Preston, 2; Ridgefield, 3; Salisbury, 1; Thompson, 1; Watertown, 1; Windsor, 1.—Total, 25.

The registrars of the following towns have made no report for December:—Cornwall, Montville, Newtown, North Haven, Washington.—5.

Report of Specimens examined at the Laboratory of the State Board
of Health during the month of December, 1915:

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	35	64	2	101
release	33	92	5	130
school cases	10	113		123
" " release	3	6		9
Tuberculosis	28	80		108
Typhoid	16	36		52
Glanders	17	6	1	24
Syphilis	51	158	22	231
Malaria	0	4		4
Gonococcus		3		3
Rabies		1		1
Total specimens examined				786
Samples of milk examined				212
" " water examined				32
Sewage and effluents examined				6
Oil samples tested				3

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Line Number	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1915.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, December, 1914.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut..	1,223,583	2,564	111	1,283	1,615	15.8	14.5	210	79	501
2	Ansonia,	16,454	40	..	19	16	11.6*	5.9	4	..	1
3	Branford,	6,226	15	1	4	5	9.6	13.5	1	..	1
4	Bridgeport,	118,434	319	23	164	173	16.7	12.9	18	9	44
5	Bristol,	15,536	41	1	13	8	6.1	9.5	1	1	5
6	Danbury,	25,627	25	4	20	34	13.1	10.9	2	2	13
7	Derby,	9,548	36	1	19	17	16.3	16.5	4	1	3
8	East Hartford,	9,050	11	..	3	8	10.6	5.4	3	..	2
9	Enfield,	11,312	34	2	23	11	11.6	14.2	..	2	3
10	Fairfield,	7,001	15	..	4	13	22.2	15.9	2	..	5
11	Glastonbury,	5,078	9	1	1	4	9.4	16.7	..	1	3
12	Greenwich,	18,724	43	1	22	18	10.8	16.5	1	..	6
13	Groton,	6,776	8	..	1	10	17.7	8.9	..	..	6
14	Hamden,	6,494	10	..	4	8	14.7	9.4	1	1	3
15	Hartford,	108,969	298	12	169	173	15.4	14.8	31	9	42
16	Huntington, ...	7,058	16	..	8	13	11.9	12.1	1	1	2
17	Killingly,	6,420	10	..	11	11	20.5	20.4	2	..	3
18	Manchester,	15,243	29	3	19	9	7.0	14.5	2	1	3
19	Meriden,	33,842	61	2	35	56	17.3	11.4	4	2	17
20	Middletown,	22,468	43	1	27	48	12.2	7.0	7	1	14
21	Naugatuck,	13,872	27	1	11	18	15.5	11.4	4	..	6
22	New Britain,	52,203	150	4	61	49	11.0	9.8	10	4	9
23	New Haven,	147,095	365	12	172	212	15.4	16.6	21	14	61
24	New London,	20,771	59	1	25	35	17.9	12.8	5	3	10
25	New Milford,	5,118	6	1	4	3	7.0	9.4	1	..	..
26	Norwalk,	26,466	38	..	28	29	12.6	8.7	4	1	1
27	Norwich,	29,225	42	1	20	52	17.2	15.3	6	3	14
28	Orange,	13,527	15	..	4	10	7.9	6.4	1	..	2
29	Plainfield,	7,719	13	..	9	11	17.1	11.2	3	..	2
30	Plymouth,	6,177	9	3	6	5	9.7	12.2	1	..	..
31	Putnam,	7,245	22	2	17	15	19.8	21.5	2	1	3
32	Seymour,	5,442	11	2	7	4	8.8	11.3	1	..	2
33	Southington,	6,836	24	..	9	11	19.3	15.9	4	..	3
34	Stafford,	5,726	10	..	3	11	18.8	25.6	..	2	5
35	Stamford,	34,107	62	4	43	50	16.8	13.1	9	5	8
36	Stonington,	9,477	14	4	12	19	24.0	16.5	2	2	7
37	Stratford,	6,796	16	..	5	12	21.1	3.6	2	3	4
38	Torrington,	19,153	39	1	21	14	8.7	9.0	4	1	2
39	Vernon,	9,405	14	..	8	8	10.2	14.1	1	..	4
40	Wallingford,	12,290	18	..	7	16	14.6	11.1	3	1	6
41	Waterbury,	84,745	184	7	111	75	9.7	13.4	9	4	19
42	West Hartford,	5,663	12	..	3	6	12.7	19.7	1	1	2
43	Winchester,	9,161	24	1	9	15	14.4	15.9	1	1	6
44	Windham,	13,904	28	1	13	24	18.9	10.7	6	1	8
Total of above towns, . .		1,002,383	2,265	97	1,174	1,339	16.0	14.1	185	78	374
Towns of less than 5,000,.		221,200	299	14	109	276	14.9	12.9	25	1	127

* Non-resident deaths in public Institutions are not included in the death rates of the towns.

HEALTH FOR THE MONTH OF DECEMBER, 1915.

FOR NOVEMBER, 1915

DEATHS FROM IMPORTANT CAUSES.															EXTERNAL CAUSES.						
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Cancer.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.	Deaths in Institutions.	Deaths of Non-residents.	Line Number.	
14	4	..	19	22	36	130	16	87	3	..	234	18	81	12	8	396	163		
I	2	..	1	2	..	..	..	..	1	..	1	..	..	..	..	2	
..	1	..	1	..	..	..	..	..	..	..	..	..	3	
..	1	1	4	12	2	10	..	..	37	2	9	3	1	57	8	4	
..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	5	
..	I	..	2	..	..	4	..	3	..	..	5	..	2	..	1	9	6	6	
I	1	..	..	..	..	2	..	..	4	1	..	..	..	5	4	7	
..	1	..	..	1	..	..	..	..	..	..	8	
..	1	1	2	..	..	..	..	1	..	1	..	..	..	..	9	
..	2	1	..	..	..	..	1	..	..	1	..	..	..	10	
..	1	..	1	1	..	..	1	..	..	..	..	..	..	11	
..	1	..	3	..	..	2	1	12	
I	I	..	6	1	1	8	1	7	..	..	3	..	..	..	..	..	..	13	
..	1	..	1	6	..	1	..	..	34	4	..	3	..	82	33	14	
..	1	..	1	..	..	..	..	..	..	..	6	6	15	
..	1	..	1	..	..	..	..	3	..	..	..	..	16	
..	5	10	2	1	..	..	2	..	..	..	..	..	..	17	
..	5	..	2	1	..	6	..	2	..	13	7	..	18	
..	2	1	9	..	1	..	..	1	2	..	..	29	25	..	19	
I	1	4	6	12	1	15	2	..	3	..	5	..	2	1	..	20	
I	2	..	2	1	2	..	..	2	1	1	..	10	4	..	21	
..	1	..	..	..	..	..	..	..	..	..	22	
I	1	..	2	..	1	..	..	..	2	1	..	1	4	1	..	23	
..	2	1	9	1	3	..	..	8	..	2	..	23	10	..	24	
..	1	..	1	..	..	..	1	1	..	1	1	..	25	
..	I	..	..	1	..	..	..	1	..	..	2	..	..	..	..	..	..	26	
..	1	..	..	1	..	..	..	..	..	..	..	..	..	27	
..	3	..	..	..	..	2	..	..	..	4	3	..	28	
..	2	..	..	..	..	1	..	..	1	..	..	..	..	..	..	29	
..	1	..	2	..	..	..	..	2	..	..	..	..	..	..	30	
..	1	..	2	..	..	3	2	31	
..	1	..	..	..	..	..	..	32	
..	I	..	..	1	2	4	2	3	..	..	1	..	2	..	..	..	..	33	
..	1	..	1	..	..	2	..	..	1	..	2	..	14	2	..	34	
..	2	1	..	..	..	..	..	6	..	..	..	..	..	..	35	
I	1	..	2	..	..	..	..	1	..	..	..	..	..	..	36	
..	1	..	..	..	..	37	
..	38	
..	1	..	1	..	..	3	..	..	..	4	1	..	39	
5	1	1	3	..	8	..	..	11	2	7	1	25	6	..	40	
I	1	..	..	..	..	..	..	1	..	..	1	..	..	41	
..	4	..	1	..	5	4	..	42	
..	1	..	..	..	..	..	3	..	..	..	7	2	..	43	
13	4	..	18	21	33	105	12	72	3	..	212	16	68	11	2	368	141	44	
I	1	1	3	25	4	15	..	..	22	2	13	1	6	28	22		

MONTHLY METEOROLOGICAL SUMMARY.

HARTFORD, CONN., DECEMBER, 1915.

DATE.	TEMPERATURE			Precipitation. (In inches and hundredths.)	Character of day.	Percentage of Sunshine.	ATMOSPHERIC PRESSURE.	
	Maximum.	Minimum.	Mean.				(Reduced to sea level; inches and hundredths.)	
1	40	25	32	.00	Clear	64	Mean.....	29.97; highest..30.53; date 31
2	39	23	34	T.	Cloudy	0	Lowest.....	28.88; date 26
3	40	28	34	T.	Pt. Cldy	74	TEMPERATURE.	
4	36	24	30	.00	Pt. Cldy	42	Highest..56°; date 26; lowest.....11°; date 31	
5	37	24	30	.00	Clear	100	Greatest daily range 30°; date 26	
6	34	26	30	T.	Cloudy	0	Least daily range... 7°; date 19	
7	34	26	30	.00	Pt. Cldy	29	Mean highest...37.1°; lowest ....28.8°	
8	37	22	30	.04	Cloudy	0	MEAN FOR THIS MONTH IN	
9	39	22	30	T.	Cloudy	10	1904-23°	1905-34°
10	27	18	22	.00	Pt. Cldy	59	1906-27°	1907-34°
11	28	18	23	.00	Clear	100	1908-32°	1909-28°
12	31	14	22	.00	Pt. Cldy	73	1910-25°	1911-36°
13	33	20	26	1.23	Cloudy	0	1912-36°	1913-36°
14	35	25	30	.05	Cloudy	21	1914-28°	1915-30°
15	28	18	23	.00	Pt. Cldy	74	Mean for this month.....	
16	32	22	27	.00	Clear	84	Normal for this month.....	
17	35	17	26	.20	Cloudy	0	Absolute maximum for this month for 12	
18	54	35	44	1.44	Cloudy	0	years.....	
19	39	32	36	.00	Pt. Cldy	17	Absolute minimum for this month for 12	
20	35	27	31	.00	Pt. Cldy	55	years.....	
21	33	23	28	.00	Pt. Cldy	62	Average daily excess this month as com-	
22	36	20	28	.00	Pt. Cldy	59	pared with the normal	
23	38	22	30	.05	Cloudy	20	Accumulated excess since Jan. 1	
24	44	34	39	T.	Pt. Cldy	35	Average daily excess since Jan. 1.....	
25	56	31	44	.02	Cloudy	0	PRECIPITATION.	
26	56	26	41	.84	Cloudy	21	Total this month	
27	40	26	33	.00	Cloudy	19	Total snowfall.....	
28	41	32	36	.07	Cloudy	0	Greatest precipitation in 24 hours,	
29	32	24	28	.84	Cloudy	0	date 17-18.....	
30	31	18	24	.00	Pt. Cldy	91	Snow on ground end of month.....	
31	30	11	20	.00	Clear	84	Normal for this month.....	
Mean	37	24	30	4.78		39	Excess of this month as compared	
							with the normal	
							Accumulated deficiency since Jan. 1....	
							TOTAL PRECIPITATION THIS MONTH IN	
							1904-3.09 1905-3.47 1906-3.83 1907-4.70 1908-3.36	
							1909-2.83 1910-1.93 1911-3.36 1912-4.46 1913-3.59	
							1914-3.85 1915-4.78	
							WIND.	
							Prevailing direction	
							Total movement.....	
							Average hourly velocity	
							Maximum velocity (in five minutes) 58	
							miles per hour, from N. W. on 26th.	
							WEATHER.	
							Number of days, clear.....	
							Partly cloudy.....	
							Cloudy	
							On which .or inch, or more, occurred..	
							MISCELLANEOUS PHENOMENA	
							(dates of).	
							Auroras	
							Lunar halos.....	
							Thunderstorms.....	
							Fog	

NOTE.—“T” indicates trace of precipitation.

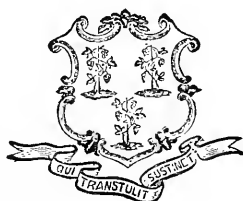
WILLIAM W. NEIFERT, Local Forecaster,

Mean monthly relative humidity, 75 p. c.

WEATHER BUREAU.

FEBRUARY, 1916

MONTHLY BULLETIN
OF THE
CONNECTICUT
STATE BOARD OF HEALTH



STATE BOARD OF HEALTH

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MONTHLY BULLETIN
OF THE
Connecticut State Board of Health

All communications should be addressed to the Secretary—Hartford, Conn.

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BABY YEAR.

A movement has been inaugurated by the National Children's Bureau at Washington to make the year 1916 one of extraordinary effort toward saving babies' lives and giving them a chance to grow healthy and strong.

In the United States 300,000 babies die every year before they are one year old. Connecticut last year had 31,700 babies born within the State, with 3,419 deaths under one year of age—in other words, one baby out of every nine never lives to see its first birthday.

These figures represents an enormous amount of suffering and sorrow, as well as a financial loss to the family, the community and the State.

Here is the point—*one-half of these babies can be saved* by systematic and energetic effort.

In some sections of the State Infant Welfare work has been carried on with most gratifying results, but now let every health officer in the State give the statistics and conditions affecting infant mortality in his jurisdiction careful thought and study, so that by early summer he will be in position to introduce effective measures for the protection of babies.

Health officers are urged to join the movement to make this year a milestone in Infant Welfare work. Interest, and secure the coöperation of local societies and clubs. The Children's Bureau at Washington and the State Board of Health will be glad to give you any information or advice desired.

DIPHTHERIA NOTES.

In case of sore throat or croup where diphtheria is suspected as being the real trouble, antitoxin should be given *at once*. A day or two delay, waiting for more positive clinical symptoms or a report on a culture, may result in the child's death. Antitoxin is never injurious and the earlier it is administered the more effective it is in eradicating the disease.

One negative report on a culture taken from a case that is clinically positive or suspicious should never be considered conclusive. Consider it diphtheria until you have *two* negative cultures.

The same precaution is necessary before releasing a positive case of diphtheria from quarantine, as one negative culture is often followed by a positive culture, so that two successive negatives should be the rule for safety.

In case a positive diagnosis cannot be made, and yet clinically the physician suspects the possibility of it being a case of diphtheria, he should report the same to the health officer at once, stating his suspicions. The health officer will, no doubt, consider the case as "suspected" and use his best judgment in whatever action he deems necessary for the protection of the public. This insures official protection and relieves the physician of much responsibility.

GRIPPE—PNEUMONIA.

PROF. H. W. CONN, *Director State Laboratory.*

These are preëminently the diseases of winter. While their prevention is not wholly possible, something may be done to reduce their prevalence and each person can reduce the danger to himself of acquiring them. A concerted action of the public in general would soon reduce them to low limits.

There are two fundamentally different methods of defence against them.

1. AVOID INFECTION.—These two diseases are germ diseases and if we could keep free from the specific germs that cause them we can avoid the disease itself. But with these two diseases this is very difficult. While it is still a little uncertain whether they may not be produced by more than one kind of bacterium, it is certain that the infectious material is discharged from the patient from the mouth and nose. This fact gives clear indication as to the measures to be adopted to avoid them. Briefly they are:

Avoid crowds.

Avoid rooms which have been occupied by many people.

Avoid close contact with others.

Avoid especially proximity to one who is coughing or sneezing.

Avoid the use of common toilet articles, towels, drinking cups, or any eating utensils not thoroughly scalded.

Remember that these diseases are contagious and that the danger is proportional to the closeness of contact with the patient.

2. DEVELOPING RESISTANCE.—It is probably impossible absolutely to avoid the infectious agents, but it is for most people possible to build up an effective resistance against them. To understand the methods to be adopted, it is well to remember that cold weather diseases differ fundamentally from hot weather diseases. The diseases of winter are chiefly associated with the respiratory tract and the skin; those of summer with the intestine and other internal organs. It is a further well known fact that the distribution of the blood flow differs in a similar way. In cold weather the blood supply is largely shut off from the skin and respiratory tract and retained in the internal organs; in warm weather it flows in great abundance through the skin and respiratory tract, the internal organs receiving a correspondingly lessened supply. In other words, the disease organisms attack the parts of the body most poorly supplied with blood. The blood has resisting powers against bacteria and a vigorous circulation is a good protection against infection. The chilling of the skin when the skin is not properly prepared for it may drive the blood away and enable the micro-organisms to attack the weakened parts which they would otherwise resist. In this way wet feet or a draft upon a tender part of the skin—the neck or shoulders—may drive the blood away from the exposed surfaces and prepare for infection. *Constant* exposure of the face and hands have so increased their circulation that cold affects them very differently.

With this principle in mind the line of defence against winter diseases is clearly to increase the vigor of circulation, especially in the exposed parts of the body, remembering that the skin and respiratory tract are closely connected in this respect.

1. EXERCISE.—The sedentary individual will always have a sluggish circulation. Exercise will invigorate it.

2. MODERATE DIET.—Digestion draws the blood to the digestive organs and too hearty eating will divert an undue proportion from the skin to the internal organs. This is especially unfortunate in winter when the external organs have less than their usual supply of blood.

3. BREATHING THE OPEN AIR.—Cold air breathed into the air passages is a stimulant to their circulation, invigorating the mucous membrane and developing resisting power. Very cold air is an especial tonic in this respect.

4. SKIN STIMULATION.—This is most easily produced by the action of cold followed by friction. The cold bath followed by vigorous rubbing, with the healthful skin glow that follows, is the best tonic for skin activity. It brings to the skin the blood which the cold weather tends

to drive within the body and it invigorates all the functions of the skin. The cold bath gives to the muscles controlling the blood vessels of the skin the exercise which body exercise gives to the muscles and will soon bring the skin into a condition of vigorous activity. When this has occurred ordinary changes in temperature—wet feet, drafts—will only excite healthful skin action instead of driving the blood away, and a chill which would have formerly produced a “cold” and perhaps the grip, produces no ill results, for it invigorates. We sometimes speak of this as “toughening the skin”; but whatever it be called it is fundamentally gaining a proper control of the circulatory mechanism of the skin.

Grown people whose life is rather quiet and passed indoors cannot expect wholly to avoid the winter diseases, and old people whose circulation is sluggish are still more subject to them. The inciting organisms are too widespread at certain times to be wholly avoided. But with care in avoiding close association with people and with moderation in eating, together with exercise, cold baths, and windows wide open at night, so much resistance may be developed by those yet in the vigorous years of life that the winter diseases may be greatly reduced and largely avoided.

THE WHOLE TRUTH.

From the North Carolina Health Bulletin.

The matter of concealing unfavorable health facts or death rates is a short-sighted policy. We occasionally hear some one say that to publish the death rate or tell the health facts concerning any particular community would “kill business.” Well, granted that it would “kill business,” is it not better that business be killed than that our citizens be killed?

Connivance on the part of public officials to conceal such conditions is the surest guarantee of their reaching the public ultimately. The worst of this feature is that while such secrets will leak out in spite of everything that officials may do, it is inevitably found that when such truths are finally brought to light the stranger is disposed to regard conditions as much worse than they really are.

There is absolutely nothing to be gained by trying to conceal from the public the true death rates or health facts, but on the other hand, there is much to lose by such action. It is much better for everybody concerned that everybody should know the truth, be it good or bad, about the health conditions of their city or town. When we recognize and face the facts, then we can and will set about in an intelligent fashion to remedy the conditions, and not until then. Neglecting or refusing to recognize our true condition of affairs is deliberately laying a snare for ourselves.

BIRTH REGISTRATION.

From Bulletin, St. Louis Health Department.

Birth registration has long been complete in all of the civilized European countries. Some of the provinces of Canada have also, for a long time, carefully compiled such registration.

In New Zealand, registration of births and deaths is accurate, and failure to comply with this government regulation is a serious offense.

In Jamaica, in many of the little hamlets, the only visible sign of government, aside from the policeman, is the omnipresent sign "Registrar of Births and Deaths."

The United States falls behind other countries in this essential record, which may be ascribed to the lack of a popular conviction that such records are valuable. To those in charge of these records it seems that only a moment's thought is necessary to convince anyone of their practical and great value.

Birth registration is, of course, the first item in vital statistics and is regarded as indispensable in the correction of three great evils which affect the children of the country, i. e., infant mortality, the preservation of the child's right to education and the abolishment of child labor.

"OUR WRETCHED BONE."

"How can we—we who have gained for ourselves health and comfort and knowledge—how can we stand patiently by and see our brother diseased and miserable and ignorant?—How can we bear our luxuries so long as a child is growing up in savagery whom we might have saved,—or a woman is drooping from sorrow and overwork whom we might have cherished and helped? We are not our own—we are parts of the whole. Generations of workers have toiled for us in the past, and are we, in return, to carry our wretched bone off to our miserable corner!—sharing and giving nothing? Woe upon us if we do."—Mrs. Humphrey Ward in *The History of David Grieve*.

VITAL STATISTICS FOR JANUARY, 1916.

By mortality reports received there were 2,170 deaths during the month of January. This was 547 more than in December and 645 more than in January of last year, and 536 more than the average number of deaths during January for the five years preceding.

	1916	1915	1914	1913	1912	1911
January	2,170	1,525	1,671	1,614	1,600	1,760

The death rate expressed as an annual rate per 1,000 estimated population was 21.8 for the large towns, for the small towns 18.9, and for the whole State including State institutions 21.2. The deaths from infectious diseases were 382, being 17.6 per cent. of the total mortality.

Epidemic—La Grippe.

The enormous toll of life from la grippe and pneumonia this month indicates the seriousness of the epidemic in this State.

	1915	1916	Increase
La grippe	13	206	193
Pneumonia	214	501	287

A total increase of 480 deaths from these two diseases alone.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

TYPHOID FEVER.—Ansonia, 2; Enfield, 1; Hartford, 1; Naugatuck, 1; New Haven, 1; New London, 1; Norwalk, 3; Preston, 1; Stamford (city), 1; Thomaston, 2; Waterbury, 1; Willimantic (city), 2.—Total, 17 in 12 towns.

MEASLES.—Barkhamsted, 4; Bethel, 20; Bethlehem, 4; Bloomfield, 2; Bridgeport, 4; Brookfield, 1; Brooklyn, 1; Canterbury, 7; Cornwall, 3; Danbury (city), 3; Danieleson (borough), 2; East Hartford, 5; East Haven, 1; East Lyme, 5; Greenwich, 2; Griswold, 2; Hartford, 200; Harwinton, 1; Killingly, 2; Monroe, 1; New Britain, 16; New Hartford, 1; New Haven, 2; New London, 1; New Milford, 8; Newtown, 2; North Stonington, 5; Old Lyme, 1; Orange, 1; Plainfield, 11+; Putnam, 3; Rocky Hill, 25; Salisbury, 1; Seymour, 1; Stamford (city), 1; Stonington, 2; Stratford, 2; Thompson, 1; Washington, 1; Waterbury, 6; West Hartford, 1; Westport, 1; Wethersfield, 4; Willimantic (city), 6; Woodstock, 15.—Total, 388+ in 45 towns.

SCARLET FEVER.—Bethel, 2; Bridgeport, 21; Bristol, 2; Danbury (city), 3; Danbury (town), 1; Derby, 1; East Hartford, 2; East Haven, 3; Greenwich, 2; Groton (borough), 6; Hamden, 3; Hartford, 14; Killingly, 1; Manchester, 1; Mansfield, 6; Meriden, 1; Milford, 1; Naugatuck, 1; New Britain, 3; New Haven, 27; Newington, 1; New London, 2; Norwalk, 2; Norwich (city), 3; Norwich (town), 2; Orange, 2;

Plainfield, 5; Plymouth, 3; Portland, 1; Putnam, 4; Salisbury, 1; Sharon, 1; Southington, 14; South Windsor, 3; Sprague, 1; Stafford, 1; Stamford (city), 5; Stonington, 2; Stratford, 3; Suffield, 1; Thompson, 3; Warren, 1; Waterbury, 1; Watertown, 1; Westport, 1; Wethersfield, 1; Willimantic (city), 3; Wilton, 1; Winchester, 1; Windsor, 1.—Total, 172 in 50 towns.

WHOOPIING COUGH.—Ansonia, 1; Beacon Falls, 2; Bethel, "many"; Bloomfield, 8; Bridgeport, 3; Coventry, 2; Ellington, 3; Enfield, 5; Greenwich, 2; Hartford, 58; Killingly, "some"; Middletown (city), 1; Milford, 3; Naugatuck, 10; New Britain, 12; New Hartford, 9; New Haven, 4; New London, 10; Norfolk, 11; Norwalk, 10; Redding, 11; Roxbury, 2; Shelton (borough), "epidemic"; Stamford (city), 4; Stonington, 40+; Wallingford, 35; Waterbury, 4; West Hartford, 1; Willimantic (city), 3.—Total, 254+ in 29 towns.

DIPHTHERIA.—Andover, 1; Ansonia, 1; Beacon Falls, 1; Bridgeport, 27; Bristol, 2; Derby, 2; East Hartford, 4; East Haven, 1; Fairfield, 3; Glastonbury, 2; Groton, 1; Hartford, 37; Jewett City (borough), 1; Ledyard, 1; Meriden (city), 1; Middlebury, 3; Middletown (city), 1; Middletown (town), 1; Naugatuck, 3; New Britain, 14; New Canaan, 3; New Haven, 18; Newington, 1; New London, 35; Norwalk, 2; Norwich (city), 11; Norwich (town), 4; Plainfield, 6; Prospect, 1; Putnam, 1; Shelton (borough), 2; Sherman, 1; Sprague, 1; Stafford, 2; Stamford (city), 1; Sterling, 6; Stratford, 3; Suffield, 1; Torrington (borough), 5; Vernon, 1; Wallingford, 1; Waterbury, 31; Waterford, 1; West Hartford, 1; Wethersfield, 2; Willimantic (city), 3; Wilton, 1; Windsor, 2; Windsor Locks, 1.—Total, 255 in 48 towns.

TUBERCULOSIS.—Ansonia, 2; Avon, 1; Bethel, 1; Bloomfield, 1; Branford, 1; Bridgeport, 17; Bristol, 2; Brookfield, 2; Canterbury, 1; Canton, 1; Cromwell, 2; Danbury (city), 2; Derby, 1; East Hartford, 2; Greenwich, 2; Hamden, 1; Hartford, 31; Killingly, 1; Manchester, 3; Meriden (city), 1; Middletown (city), 3; Middletown (town), 2; Naugatuck, 3; New Britain, 13; New Haven, 20; New London, 2; North Canaan, 1; Norwalk, 3; Norwich (city), 3; Orange, 2; Preston, 5; Simsbury, 3; Stamford (city), 9; Wallingford, 1; Waterbury, 17.—Total, 162 in 35 towns.

EPIDEMIC CEREBRO SPINAL MENINGITIS.—Enfield, 1; New Haven, 1; Waterbury, 1.—Total, 3 in 3 towns.

INFANTILE PARALYSIS.—Manchester, 1.

OPHTHALMIA NEONATORUM.—Simsbury, 1.

GONORRHOEA.—Clinton, 1; Granby, 2; Hartford, 20; Simsbury, 1.—Total, 24 in 4 towns.

SYPHILIS.—Hartford, 19; Rocky Hill, 1; Suffield, 1.—Total, 21 in 3 towns.

In addition to the above the Health Officers of 66 towns report that they have not been notified of any infectious diseases.

All the Health Officers of New Haven, New London, and Tolland Counties have reported, but the Health Officers of the following towns have not reported:

Hartford County.—Berlin.

Fairfield County.—Darien.

Windham County.—Scotland.

Litchfield County.—Canaan.

Middlesex County.—Haddam, Westbrook.

The following **DEATHS** from infectious diseases are reported by the **REGISTRARS** in towns of less than 5,000 population:

TYPHOID FEVER.—Madison, 1.

DIPHTHERIA.—Griswold, 1; Sherman, 1; Wilton, 1.—Total, 3.

LA GRIPPE.—Avon, 1; Bethel, 4; Canton, 1; Cheshire, 1; Darien, 5; East Granby, 1; East Haddam, 4; Essex, 2; Guilford, 2; Haddam, 1; Killingworth, 1; Litchfield, 1; Mansfield, 1; Middlefield, 1; Milford, 5; Monroe, 1; Montville, 1; North Haven, 1; Old Lyme, 1; Old Saybrook, 1; Plainville, 1; Preston, 1; Ridgefield, 1; Salem, 1; Scotland, 1; Suffield, 1; Thomaston, 1; Trumbull, 1; Waterford, 4; Westport, 3; Windsor, 2; Windsor Locks, 3; Woodbury, 1.—Total, 57.

TUBERCULOSIS.—Bethel, 1; Canterbury, 1; Canton, 1; Darien, 1; Griswold, 1; Monroe, 1; New Canaan, 1; Newington, 10; Portland, 1; Preston, 1; Sharon, 1; Simsbury, 1; Sprague, 1; Westport, 1; Wethersfield, 1.—Total, 24.

The registrars of the following towns have made no report for January:—Cornwall, Newtown, Voluntown.—Total, 3.

Report of Specimens examined at the Laboratory of the State Board of Health during the Month of January, 1916:

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	49	138	4	191
release	48	75		123
school cases	172	1,706	54	1,932
release, school cases	104	498	36	638
Tuberculosis	17	114		131
Typhoid	15	35		50
Syphilis	71	110	45	226
Glanders	10	3	5	18
Malaria	3	5		8
Rabies	1		1	2
Pneumococcus	1	1		2
Gonococcus		3		3
Influenza		1		1
Total specimens examined				3,325
Samples of milk examined				146
" water analyzed				23
Sewage and effluents examined				6
Oil samples tested				3

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Line Number	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1915.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, January, 1915.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut..	1,223,583	2,586	97	684	2,170	21.2	15.0	272	103	801
2	Ansonia,	16,454	27	..	4	22	16.0	16.3	6	1	3
3	Branford,	6,226	10	..	3	5	9.6	15.5	2	..	1
4	Bridgeport,	118,434	343	10	104	263	25.7	14.1	40	12	67
5	Bristol,	15,536	41	2	6	16	12.3	7.9	4	1	7
6	Danbury,	25,627	39	2	10	42	18.2	14.3	5	3	18
7	Derby,	9,548	40	2	3	18	13.8	10.1	1	..	6
8	East Hartford,	9,050	19	..	2	14	18.5	8.1	1	2	6
9	Enfield,	11,312	27	1	6	21	22.2	9.8	5	1	8
10	Fairfield,	7,001	16	..	2	11	18.8	10.6	3	1	6
11	Glastonbury,	5,078	8	..	1	2	4.7	19.1	1	..	1
12	Greenwich,	18,724	30	2	16	28	16.6	15.3	5	..	6
13	Groton,	6,776	6	..	2	11	19.1	14.3	2	..	7
14	Hamden,	6,494	13	1	1	8	14.7	17.0	..	..	3
15	Hartford,	108,969	264	7	69	261	23.3	15.3	32	20	80
16	Huntington,	7,058	15	..	2	12	10.2	17.3	..	..	4
17	Killingly,	6,420	9	1	7	10	18.6	3.7	1	..	7
18	Manchester,	15,243	30	2	7	20	14.1	8.8	3	..	3
19	Meriden,	33,842	58	4	10	56	17.0	12.9	3	1	19
20	Middletown,	22,468	35	..	7	57	13.8	9.2	6	1	29
21	Naugatuck,	13,872	32	..	4	10	8.6	8.8	1	2	1
22	New Britain,	52,203	170	3	22	71	16.0	7.8	20	3	16
23	New Haven,	147,095	346	15	113	279	20.6	16.1	32	14	86
24	New London,	20,771	57	..	23	41	20.7	12.8	1	1	24
25	New Milford,	5,118	9	..	3	6	14.0	11.7	1	1	3
26	Norwalk,	26,466	41	3	16	61	27.2	6.4	4	1	29
27	Norwich,	29,225	55	4	16	76	27.1	15.7	6	5	33
28	Orange,	13,527	21	..	7	25	21.2	9.2	3	..	10
29	Plainfield,	7,719	11	2	4	14	21.7	11.2	2	..	6
30	Plymouth,	6,177	12	..	..	6	11.6	12.2	1	1	1
31	Putnam,	7,245	22	1	11	11	16.5	18.1	2	..	6
32	Seymour,	5,442	19	..	3	7	15.4	18.1	1	..	4
33	Southington,	6,836	21	2	1	9	15.7	14.1	1	..	5
34	Stafford,	5,726	7	..	5	9	18.8	21.4	..	..	6
35	Stamford,	34,107	81	1	22	69	22.1	16.3	11	1	24
36	Stonington,	9,477	10	..	6	14	17.7	14.0	1	1	7
37	Stratford,	6,796	14	..	..	11	19.4	7.3	1	1	3
38	Torrington,	19,153	51	..	15	22	13.7	8.3	5	2	6
39	Vernon,	9,405	16	1	3	17	21.6	14.1	..	1	10
40	Wallingford,	12,290	24	..	1	14	12.6	9.9	..	1	9
41	Waterbury,	84,745	190	13	38	116	15.2	13.0	22	10	18
42	West Hartford,	5,663	7	1	2	13	27.5	19.7	2	1	8
43	Winchester,	9,161	15	1	6	17	17.0	10.6	1	3	5
44	Windham,	13,904	30	1	9	26	16.3	16.7	3	..	10
Total of above towns, . . .		1,002,383	2,291	82	592	1,821	21.8	14.4	241	92	611
Towns of less than 5,000, .		221,200	295	15	92	349	18.9	15.0	31	11	190

Non-resident deaths in public Institutions are not included in the death rates of the towns.

HEALTH FOR THE MONTH OF JANUARY, 1916.

FOR DECEMBER, 1915.

DEATHS FROM IMPORTANT CAUSES.															EXTERNAL CAUSES.					
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Cancer.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.	Deaths in Institutions.	Deaths of Non-residents.	Line Number.
4	5	5	17	21	206	122	14	89	2	..	501	19	73	21	3	537	224	1
..	1	1	..	..	..	..	..	7	2	..	1	1	..	..	2
..	2	..	..	..	..	..	..	3
..	2	..	2	1	11	7	1	15	1	..	77	5	10	7	1	87	9	4
..	1	..	..	1	..	..	4	..	..	..	..	..	..	5
..	2	2	..	2	..	..	7	..	2	..	..	6	3	6
..	1	..	..	..	..	6	..	1	..	..	7	7	7
..	1	2	..	1	1	..	..	5	..	..	..	..	..	..	8
1	1	..	..	2	3	..	..	..	..	1	1	3	..	..	..	..	9
..	4	..	..	..	..	..	4	..	..	..	..	..	..	10
..	2	1	..	1	..	..	6	..	..	..	..	..	2	11
..	2	2	..	1	..	..	..	2	..	1	..	..	..	..	12
..	1	2	..	1	..	..	..	2	..	..	..	..	..	..	13
..	2	..	8	2	25	5	2	12	..	..	43	2	10	2	..	119	49	15
..	1	6	..	..	..	..	3	..	..	..	..	6	6	16
..	2	..	..	..	..	2	..	..	..	..	..	..	17
..	3	3	3	1	2	..	..	2	..	1	1	..	..	2	18
..	1	..	9	11	..	1	..	..	8	..	2	2	..	16	8	19
..	4	2	2	..	1	..	..	17	..	..	..	..	36	31	20
..	1	1	1	1	1	..	..	..	..	3	..	..	..	..	..	..	21
..	2	5	4	4	..	3	..	..	20	..	1	..	..	10	1	22
1	1	3	10	9	2	16	1	..	90	..	10	1	..	83	26	23
..	1	10	..	..	1	..	..	10	..	..	..	..	12	5	24
..	1	..	..	..	..	..	..	2	..	..	..	..	..	..	25
..	1	12	7	..	1	..	..	13	..	2	..	..	10	1	26
..	1	1	..	1	12	6	1	4	..	..	17	..	2	2	..	27	10	27
..	1	..	..	1	3	1	..	..	..	7	..	..	1	..	..	1	28
..	2	1	..	2	..	..	1	..	..	..	..	..	..	..	..	..	29
..	1	1	..	..	1	..	..	1	..	..	..	..	..	..	30
..	1	..	..	..	..	1	..	..	3	..	..	..	..	2	1	31
..	1	..	..	..	..	..	..	2	..	..	..	..	..	..	32
..	1	1	..	..	1	..	..	..	1	1	..	..	..	..	33
..	1	..	..	2	..	..	..	2	..	..	..	..	..	..	34
..	4	4	4	..	5	..	..	17	4	1	1	..	13	6	35
..	1	2	2	..	1	..	..	2	..	..	..	..	..	..	36
..	2	..	..	..	1	..	..	3	..	2	..	..	..	..	37
..	2	2	2	..	..	..	..	7	..	1	..	..	..	..	38
..	4	2	2	..	..	..	..	2	..	1	..	..	..	..	39
..	1	1	1	..	..	..	..	4	..	..	..	..	3	1	40
..	1	3	7	9	2	2	..	..	17	1	7	2	1	39	8	41
..	1	..	..	..	..	..	..	..	2	2	..	..	..	10	..	42
..	1	..	2	..	1	..	..	5	..	2	..	..	5	4	43
1	1	1	..	2	..	..	6	..	1	..	..	10	7	44
3	5	5	17	18	149	98	12	79	2	..	432	18	62	20	3	501	188	
1	3	57	24	2	10	..	..	69	1	11	1	..	36	36	

MONTHLY METEOROLOGICAL SUMMARY.

HARTFORD, CONN., JANUARY, 1916.

DATE.	TEMPERATURE			Precipitation. (In inches and hundredths.)	Character of day.	Percentage of Sunshine.	ATMOSPHERIC PRESSURE.	
	Maximum.	Minimum.	Mean.				(Reduced to sea level; inches and hundredths.)	
1	37	20	28	.02	Cloudy	0	Mean.....30.21; highest...30.66; date 8	
2	32	26	29	.50	Cloudy	0	Lowest.....29.53; date 5	
3	38	23	30	T.	Pt. Cldy	50	TEMPERATURE.	
4	34	16	25	.00	Clear	75	Highest...67°; date 27; lowest.... 5°; date 15	
5	47	34	40	.05	Cloudy	3	Greatest daily range 34°; .....date 28	
6	48	22	35	.00	Clear	81	Least daily range... 6°; .....date 2	
7	27	14	20	.00	Pt. Cldy	49	Mean highest...39.9°; lowest....23.6°	
8	19	7	13	.00	Clear	75	MEAN FOR THIS MONTH IN	
9	22	5	14	.00	Clear	100	1905-23° 1906-34° 1907-26° 1908-29° 1909-29°	
10	42	21	32	.27	Cloudy	0	1910-29° 1911-30° 1912-19° 1913-37° 1914-27°	
11	46	32	39	.00	Cloudy	35	1915-31° 1916-32°	
12	32	23	28	T.	Cloudy	0	Mean for this month..... 31.8°	
13	39	29	34	.16	Cloudy	4	Normal for this month..... 25.5°	
14	32	7	20	.00	Clear	83	Absolute maximum for this month for 12	
15	24	5	14	.00	Clear	87	years 67°	
16	34	22	28	.03	Cloudy	23	Absolute minimum for this month for 12	
17	29	12	20	.00	Clear	86	years..... 12°	
18	21	10	16	.00	Clear	75	Average daily excess this month as compared with the normal 6.3°	
19	26	14	20	.00	Clear	100	Accumulated excess since Jan. 1 195.0°	
20	39	20	30	T.	Cloudy	0	Average daily excess since Jan. 1 6.3°	
21	55	36	46	.00	Cloudy	43	PRECIPITATION.	
22	56	41	48	.01	Cloudy	11	Total this month 1.16	
23	45	33	39	.00	Clear	92	Total snowfall..... 1.80	
24	45	27	36	.00	Clear	95	Greatest precipitation in 24 hours,	
25	53	32	42	T.	Pt. Cldy	39	date 2..... 0.50	
26	62	44	53	.00	Cloudy	37	Snow on ground end of month..... 0.0	
27	67	50	58	.01	Pt. Cldy	50	Normal for this month..... 3.83	
28	63	29	46	.00	Pt. Cldy	51	Deficiency of this month as compared with the normal 2.67	
29	34	20	27	.00	Clear	92	Accumulated deficiency since Jan. 1.... 2.67	
30	36	26	31	.11	Cloudy	0	TOTAL PRECIPITATION THIS MONTH IN	
31	52	33	42	T.	Cloudy	0	1905-4.64 1906-2.69 1907-2.94 1908-3.47 1909-2.80	
Mean	40	24	32	1.16		46	1910-6.68 1911-2.77 1912-2.11 1913-2.82 1914-3.38	
							1915-5.70 1916-1.16	
							WIND.	
							Prevailing direction S.	
							Total movement..... 6,619 miles	
							Average hourly velocity 8.9	
							Maximum velocity (in five minutes) 37	
							miles per hour, from N. W. on 3d.	
							WEATHER.	
							Number of days, clear..... 12	
							Partly cloudy..... 5	
							Cloudy 14	
							On which .01 inch, or more, occurred.. 9	
							MISCELLANEOUS PHENOMENA	
							(dates of).	
							Auroras..... none	
							Lunar halos..... 15, 16, 19, 20	
							Thunderstorms..... none	
							Fog none	

NOTE.—“T” indicates trace of precipitation.

WILLIAM W. NEIFERT, Local Forecaster,

Mean monthly relative humidity, 71 p. c.

WEATHER BUREAU.

MARCH, 1916

MONTHLY BULLETIN
OF THE
CONNECTICUT
STATE BOARD OF HEALTH



STATE BOARD OF HEALTH

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MONTHLY BULLETIN

OF THE

Connecticut State Board of Health

All communications should be addressed to the Secretary—Hartford, Conn.

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New Series, Vol. III, No. 3

HARTFORD, MARCH, 1916

Full Series, Vol. XXX, No. 3

HOW DO YOU DO, DOCTOR?

You are just the fellow we are looking for—the State is losing too many babies and grown folks, too, from preventable diseases—and you are the fellow to give us a lift!

We know you are saving many of the victims of ignorance and carelessness by your skill as a physician, but we want to see less victims—and so do you. James Russell Lowell did not refer to doctors when he said,

“ they are slaves most base
Whose love of right is for themselves, and not
For all the race.”

Had it not been for the hard work and self-sacrifice of the physicians of the past, preventative medicine would still be in its infancy.

Preventative medicine is now an established science and what we need to secure practical results is uniform legislation, with the coöperation and coördination of all interests, including the public. No class of men is closer to the public than the doctor, so there is work for every doctor.

Being an indispensable part of the health system of the State, are you ready to make a special effort to improve the health of your community and the State?

SOME SUGGESTIONS.

Doctor, look these over, perhaps in your busy hours you have neglected some of these necessary duties.

Get well acquainted with your local health officer, counsel with him, learn his methods and then support him.

When you observe cases where Child Welfare organizations or District or School Nurses could be of service, notify them at once before you forget them.

See that your tuberculosis cases fully appreciate the value of carrying out your instructions for the protection of others.

Report *all* communicable diseases *promptly* to the health officer and assure your patients that the health officer will not come "armed to the teeth," to perform his duties.

Accurately fill in and promptly return your birth and death certificates—good bookkeeping is essential in any business—and our business is that of protecting public health.

Use your influence to create a strong public sentiment in your community for modern health methods and legislation.

THE PHYSICIAN—HEALTH OFFICER.

From an address by John W. Trask, Assistant Surgeon General,
United States Public Health Service.

The work of the state health department, and your work as part of the department, is the prevention of disease.

In preventing or controlling any disease, the first thing that must be done is to find whether the disease is present, where it is, and under what conditions it is occurring. This is true whether the disease is yellow fever or malaria, smallpox or typhoid fever, trachoma or tuberculosis, ophthalmia neonatorum, or any of the industrial diseases.

The only way in which the health officer can learn when dangerous diseases are present and where preventable diseases are occurring, is by having physicians report the cases they find. Physicians go into the houses of the sick and in that way know what diseases are present. The health officer does not see the sick as the physician does, and he must therefore depend upon the latter for his information as to what diseases are present, and where they are. The satisfactory control of disease is impossible without the physician's coöperation in this way.

Every practicing physician is therefore a working part of the health department. He has a responsibility he can not avoid without doing injury to the community and likewise to the families to which he is the medical adviser, for these families are part of the community which suffers by his neglect. Practicing physicians are the skirmish line and the pickets of the health department, upon which falls the duty of giving

information of the presence of the enemy, the appearance in the community of cases of those diseases which it is the duty of the health department to control.

FUTURE WORK OF HEALTH DEPARTMENTS.

FRANK W. WRIGHT, M.D., *Health Officer, New Haven.*

It is not to be presumed that the public will ever become so enlightened that there will be no outbreaks of communicable diseases, no annoying smells, unsightly places, negligent landlords, incorrigible tenants, or breeding places for flies and mosquitoes. It is likely that in the near future, through modern methods, the people may be so educated that such conditions will be reduced to a minimum. The old-time method of waiting until abuses occur and then correcting them will become *passé*. There is an old saying that "an ounce of prevention is worth a pound of cure," and we hope in the future to do our work by prevention. In the past, the efficiency of a health department was measured by the prosecutions brought; now it is measured by the effectiveness of the work without prosecutions.

The fundamental principles of future health work are coöperation and education. By coöperation we mean the coördination of all the forces that are engaged in any kind of work that is for the betterment of humanity; whereby we may live under correct conditions and be able to enjoy the blessings of life; and whereby the growing youth may be brought up in such manner that he will become a useful, healthful, and self-supporting adult.

There are, especially in the state of Connecticut, too many commissions, boards, organizations, and philanthropically disposed persons now charged with assuming the work that can properly be conducted by fewer central bodies. All personal strifes and jealousies should be set aside and all of these organizations should work in harmony for that object for which they are ostensibly created. Persons and organizations may assist those legally charged with certain duties by constructive suggestions and influence. Coöperation, as applied to the duties and aims of health departments, is the united efforts of individuals, organizations, and municipal departments for a single purpose, and in our case it is to make our community healthful, beautiful, and desirable.

Education does not alone mean the dissemination of knowledge to the untutored, but a publicity that instructs people of every degree of intelligence and preparation. There are many who are of high scholastic and business training, who have devoted their lives to their specialties, but have failed to inform themselves of many of the practical affairs of life. They are apt to have fanciful theories and are not tolerant of the insurmountable obstacles that the practical side presents; neither can they understand how those who have been less fortunate can have ideas that are not in accord with their own. It is extremely hard to

deal with such, as they are frequently obstructionists, notwithstanding their desire to be upbuilders. On the contrary, there are those who have not had the advantages of higher education and technical business training, but are continually studying what may be good for themselves and their families. They accept, as sound, the advice that comes to them from creditable sources and attempt to apply it in a practical manner in their intercourse with their fellow-beings. Such we believe to be true uplifters and to add special strength to our work.

No particular method can be relied upon for the instruction of all. The ways of spreading knowledge are many and are all worth trying. To inculcate into the people the right principles of living we must attract their attention and then they will listen to our teachings with receptive minds. Some of the important methods of education are lectures, distribution of literature, moving pictures, and house to house visits with personal talks.

Whatever the methods of instruction employed may be, we must convince those we wish to instruct that we thoroughly believe what we teach. We believe that the science of hygiene and preventive medicine is an exact science, that its principles are too well known to be doubted, and that a definite knowledge of these principles by every individual would be of inestimable value to the state.

ALCOHOL AND PNEUMONIA.

The United States Public Health Service brands strong drink as the most efficient ally of pneumonia. It declares that alcohol is the hand-maiden of the disease which produces ten per cent of the deaths in the United States. This is no exaggeration. We have known for a long time that indulgence in alcoholic liquors lowers the individual vitality, and that the man who drinks is peculiarly susceptible to pneumonia. The United States Public Health Service is a conservative body. It does not engage in alarmist propaganda. In following out the line of its official duties it has brought forcefully to the general public a fact which will bear endless repetition. The liberal and continuous user of alcoholic drinks will do well to heed this warning, particularly at this season of the year when the gruesome death toll from pneumonia is being doubled.

THIS BULLETIN.

Every physician in Connecticut will receive this issue of the Monthly Bulletin of the State Board of Health. We want you on our regular mailing list, we want your suggestions and your support—we need your assistance and we believe we can be of some help to you. *Fill in and Mail* the enclosed post card *To-day*.

NEW DIPHTHERIA TEST OUTFITS.

There is a belief among bacteriologists that inoculation of blood serum made directly at the bedside of the patient gives a more reliable result than an inoculation made at the laboratory from the dry swab. To conform with this belief, and to secure as reliable results as possible, the plan has recently been adopted of sending to the physician a test tube of solidified blood serum along with the swab. The present outfit containing this tube and swab is larger than need be, but we expect in a short time to supply a smaller outfit which will comply with postal regulations. It is our endeavor to make these outfits as practicable and convenient for the physician as possible.

Physicians are especially requested to note the following recommendations to be observed in inoculating blood serum:

First: Examine the condition of the serum and if it has become dry or shriveled, do not use it but secure a fresh outfit.

Second: In making the inoculation, inoculate the SURFACE of the serum only, being careful not to break the surface. Roll the swab over and over on the surface of the serum to insure thorough inoculation.

Third: If unable to mail immediately, by carrying the inoculated tube in an inside pocket, the body heat will hasten incubation so that a more prompt report may be made by the laboratory. If tubes are exposed to body heat for any considerable time, a note to that effect should be made on the card.

Fourth: Outfits in the physicians' offices should be exchanged frequently if not used, and should be kept in a cool place. The fresher the serum the more accurate will be the results.

Fifth: In a case that is reasonably suspicious or positive clinically, one negative report on a culture should be ignored.

The culture outfits for the various diseases can be secured from your local health officer or at a place designated by him. If you have any difficulty in securing them, or any suggestions to make, notify your health officer, the Director of the Laboratory, or the Secretary of the State Board.

FIRST EXAMINATION OF CHIROPODISTS.

On March 22d and 23d will be held in the State Capitol the first examination by the State Board of Examiners in Chiropody. This is a special examination to accommodate a number of chiropodists practicing in the state who failed to comply with the law requiring them to register prior to January 1st. Hereafter the regular examination will be held in July as provided by law. Those desiring information or application blanks for the examination may secure same by addressing Mr. M. S. Mandell, Secretary, 101 Orange Street, New Haven, Conn.

VITAL STATISTICS FOR FEBRUARY, 1916.

By mortality reports received there were 1,769 deaths during the month of February. This was 426 less than in January and 306 more than in February of last year, and 218 more than the average number of deaths during February for the five years preceding.

	1916	1915	1914	1913	1912	1911
January	2,195	1,525	1,671	1,614	1,600	1,760
February	1,769	1,463	1,623	1,547	1,567	1,556

The death rate expressed as an annual rate per 1,000 estimated population was 17.1 for the large towns, for the small towns 18.2, and for the whole State including State institutions 17.3. The deaths from infectious diseases were 283, being 16.0 per cent. of the total mortality.

COMMUNICABLE DISEASES—FEBRUARY.

Cases reported by local Health Officers.

TYPHOID FEVER.—Bridgeport, 2; Danbury (city), 1; Groton (borough), 1; Hartford, 1; Manchester, 1; Middletown, 1; Milford, 1; Naugatuck, 2; New Britain, 1; New Haven, 1; New London, 1; North Canaan, 1; Norwalk, 6; Norwich, 2; Stafford Springs, 1; Stamford, 1; Wallingford, 1; Waterbury, 2; Willimantic, 1; Wilton, 2.—Total, 30 in 20 towns.

MEASLES.—Barkhamsted, 1; Berlin, "epidemic"; Bethel, 10; Bloomfield, 9; Bridgeport, 5; Bristol, 1; Brooklyn, 2; Canterbury, 9; Chester, 3; Cornwall, 3; Danbury (city), 9; Eastford, 1; East Hampton, 2; East Hartford, 13; East Lyme, 12; Fairfield, 6; Farmington, 1; Greenwich, 1; Hartford, 337; Harwinton, 2; Killingly, 1; Litchfield, 2; Lyme, 1; New Britain, 371; New Haven, 5; Newington, 1; New Milford, 4; North Haven, 1; North Stonington, 1; Norwalk, 1; Norwich (city), 1; Orange, 2; Plainfield, 21+; Plainville, 3; Putnam, 21; Redding, 1; Rocky Hill, 66; Simsbury, 1; Southbury, 1; Southington, 3; Sterling, 1; Thompson, 1; Torrington, 3; Wallingford, 1; Warren, 2; Washington, 18; Waterbury, 5; West Hartford, 9; Westport, 1; Wethersfield, 10; Willimantic, 2; Windsor, 4; Woodstock, 5.—Total, 996+ in 51 towns.

SCARLET FEVER.—Bridgeport, 11; Bristol, 2; Danbury (city), 2; Danielson, 4; Fairfield, 1; Glastonbury, 1; Greenwich, 2; Guilford, 1; Hartford, 15; Killingly, 3; Mansfield, 3; Meriden (city), 1; Meriden (town), 1; Middletown, 1; Naugatuck, 2; New Haven, 26; New London, 1; Newtown, 1; Norwalk, 4; Norwich (city), 3; Norwich (town), 3; Orange, 1; Plainfield, 6; Rockville, 1; Sharon, 1; Southington, 7; South Windsor, 6; Sprague, 1; Stamford (city), 6; Stamford (town), 2; Stratford, 2; Suffield, 2; Willimantic, 3.—Total, 126 in 33 towns.

WHOOPIING COUGH.—Berlin, "epidemic"; Bethel, 2; Bridgeport, 2; Canton, 4; Coventry, 12+; Danielson, "few"; East Haven, 1; Enfield,

15; Hartford, 38; Huntington, 5; Killingly, "few"; Mansfield, 2; Milford, 8; New Britain, 12; New Hartford, 13; New Haven, 15; Norwalk, "epidemic"; Redding, 8; Ridgefield, 1; Rockville, 6; Roxbury, 1; Salisbury, "epidemic"; Seymour, 1; Stamford (city), 3; Stonington, 6+; West Hartford, 6; Winchester, 2.—Total, 163+ in 26 towns.

DIPHTHERIA.—Ansonia, 1; Beacon Falls, 1; Branford, 1; Bridgeport, 23; Bristol, 2; Brooklyn, 1; Danielson, 2; East Windsor, 5; Ellington, 2; Enfield, 4; Essex, 2; Fairfield, 1; Glastonbury, 1; Groton (borough), 1; Hartford, 16; Harwinton, 4; Killingly, 1; Meriden (city), 1; Middlebury, 2; Middletown (city), 1; Naugatuck, 1; New Britain, 9; New Canaan, 3; New Haven, 10; Newington, 1; New London, 12; Norwich (city), 4; Norwich (town), 2; Orange, 1; Plainfield, 3; Portland, 1; Putnam, 2; Rockville, 3; Stamford (city), 8; Sterling, 2; Stratford, 1; Thompson, 1; Torrington, 3; Vernon, 1; Wallingford, 3; Waterbury, 34; Watertown, 2; Willimantic, 6; Winchester, 1; Windsor, 1; Windsor Locks, 1.—Total, 188 in 46 towns.

TUBERCULOSIS.—Ansonia, 6; Branford, 2; Bridgeport, 19; Bristol, 3; Brookfield, 2; Brooklyn, 1; Burlington, 1; Cromwell, 1; East Hartford, 1; Greenwich, 2; Guilford, 1; Hartford, 27; Manchester, 3; Meriden (city), 1; Middlefield, 1; Middletown (city), 2; Middletown (town), 2; Naugatuck, 2; New Britain, 6; New Canaan, 1; New Hartford, 1; New Haven, 35; New London, 5; North Canaan, 1; Norwalk, 5; Norwich (city), 2; Orange, 3; Rockville, 1; Seymour, 1; Shelton, 1; Simsbury, 2; Stafford, 1; Stamford (city), 9; Sterling, 1; Stratford, 1; Thomaston, 1; Torrington, 3; Wallingford, 1; Waterbury, 11; West Hartford, 1; Westport, 1; Willimantic, 1; Wilton, 1; Winchester, 2; Woodstock, 2.—Total, 177 in 45 towns.

EPIDEMIC CEREBRO SPINAL MENINGITIS.—Bridgeport, 1; Essex, 1.—Total, 2 in 2 towns.

GONORRHOEA.—Bristol, 1; Colchester, 2; Hartford, 15; Manchester, 8; Salisbury, 1.—Total, 27 in 5 towns.

SYPHILIS.—Greenwich, 2; Hampton, 1; Hartford, 5; Manchester, 6; Simsbury, 1; Suffield, 1.—Total, 16 in 6 towns.

In addition to the above the Health Officers of 66 towns report that they have not been notified of any infectious diseases.

All the Health Officers of New London, Fairfield, Windham, Litchfield and Tolland Counties have reported, but the Health Officers of the following towns have not reported:

Hartford County.—Avon.

New Haven County.—Oxford.

Middlesex County.—Haddam, Westbrook.

DEATHS—COMMUNICABLE DISEASES.

REPORTED BY REGISTRARS

In towns of less than 5,000 population.

WHOOPING COUGH.—Columbia, 1; Coventry, 1; New Hartford, 1; Suffield, 1.—Total, 4.

DIPHTHERIA.—Beacon Falls, 1.

LA GRIPE.—Bolton, 1; Brooklyn, 1; Cheshire, 4; Colchester, 1; Cromwell, 1; Griswold, 2; Guilford, 1; Ledyard, 1; Lisbon, 1; Mansfield, 1; Milford, 2; Newington, 1; Norfolk, 1; North Haven, 1; Plainville, 2; Portland, 1; Saybrook, 1; Simsbury, 2; Sprague, 1; Washington, 1; Watertown, 1; Windsor, 3; Windsor Locks, 2.—Total, 33.

TUBERCULOSIS.—Beacon Falls, 1; Bethel, 1; Bloomfield, 1; Brooklyn, 1; Lebanon, 1; New Hartford, 1; Newington, 16; Norfolk, 1; North Branford, 1; Old Lyme, 2; Plainville, 2; Preston, 2; Salem, 1; Salisbury, 1; Waterford, 1; Windsor Locks, 1.—Total, 34.

REGISTRARS—NOTICE.

Every registrar in the state has reported promptly this month. This shows a spirit of coöperation fully appreciated by the State Registrar.

J. T. BLACK, M.D.

LABORATORY REPORT—FEBRUARY.

PROF. H. W. CONN, *Director*.

Bacteriological examinations and analyses.

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	26	92	0	118
release	53	64	9	126
school cases, diagnosis ...	37	257	8	302
" " release	77	267	2	346
Tuberculosis	34	120	0	154
Typhoid	15	21	0	36
Syphilis	93	175	66	334
Glanders	14	4	6	24
Malaria	1	2	0	3
Rabies	3	0	1	4
Leucocytosis	0	1	0	1
Urine for TB	0	3	0	3
Gonococcus	0	1	0	1
Chickens for KL	2(?)	0	0	2
Total specimens examined				1,454
Samples of milk examined				166
" " water examined				29
Sewage and effluents examined				6
Oil samples tested				3

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Line Number	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1915.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, February, 1915.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut..	1,223,583	2,751	104	996	1,769	17.3	14.5	257	92	566
2	Ansonia,	16,454	45	4	7	13	9.4	15.6	7	1	2
3	Branford,	6,226	7	..	2	10	19.2	31.0	3	..	6
4	Bridgeport,	118,434	331	7	180	176	17.0	18.0	29	13	36
5	Bristol,	15,536	39	1	10	12	9.2	9.5	1	..	6
6	Danbury,	25,627	32	3	13	45	17.7	13.8	5	2	15
7	Derby,	9,548	28	1	4	29	23.8	10.6	10	3	2
8	East Hartford,	9,050	23	..	3	6	7.9	6.7	..	..	2
9	Enfield,	11,312	39	1	15	18	19.0	12.0	3	2	7
10	Fairfield,	7,001	14	1	1	12	20.5	24.7	1	2	6
11	Glastonbury,	5,078	14	1	2	6	14.1	9.5	1	..	4
12	Greenwich,	18,724	48	3	10	18	10.8	11.8	2	1	7
13	Groton,	6,776	11	1	1	13	23.0	14.3	2	..	7
14	Hamden,	6,494	14	..	4	8	14.7	18.9	..	..	5
15	Hartford,	108,969	288	13	118	179	15.9	15.2	16	1	24
16	Huntington,	7,058	13	..	5	19	20.4	8.6	5	1	3
17	Killingly,	6,420	12	..	6	12	22.4	14.8	5	..	3
18	Manchester,	15,243	35	..	8	10	7.8	6.4	3	1	3
19	Meriden,	33,842	55	4	23	44	13.1	12.5	5	..	15
20	Middletown,	22,468	70	2	18	65	16.0	5.9	4	..	31
21	Naugatuck,	13,872	26	3	12	17	14.0	10.5	5	1	8
22	New Britain,	52,203	170	5	44	63	13.5	11.4	18	10	15
23	New Haven,	147,095	379	16	144	207	15.6	14.6	30	15	49
24	New London,	20,771	49	1	17	47	22.5	18.1	6	3	16
25	New Milford,	5,118	12	..	4	10	23.4	9.4	..	..	6
26	Norwalk,	26,466	46	..	20	34	14.5	12.0	3	2	18
27	Norwich,	29,225	58	3	23	39	15.6	14.5	4	1	21
28	Orange,	13,527	18	..	7	19	15.0	9.2	2	..	7
29	Plainfield,	7,719	14	..	5	14	21.7	9.6	1	3	4
30	Plymouth,	6,177	9	..	4	2	3.8	10.1	..	..	1
31	Putnam,	7,245	13	1	9	17	26.5	19.8	1	3	9
32	Seymour,	5,442	18	..	5	8	17.6	6.8	4	..	4
33	Southington,	6,836	18	..	4	6	10.5	12.4	..	..	2
34	Stafford,	5,726	10	..	2	6	12.5	19.2	..	..	1
35	Stamford,	34,107	83	6	35	37	10.2	12.0	5	1	14
36	Stonington,	9,477	10	3	5	17	21.5	11.4	3	..	6
37	Stratford,	6,796	15	..	6	3	5.2	14.6	..	..	2
38	Torrington,	19,153	31	3	9	20	12.5	7.0	5	2	4
39	Vernon,	9,405	21	..	7	9	11.4	9.0	2	..	3
40	Wallingford,	12,290	21	..	8	5	4.8	7.9	..	..	4
41	Waterbury,	84,745	225	7	68	106	14.3	14.3	23	6	13
42	West Hartford,	5,663	7	..	1	17	36.0	19.7	10	1	6
43	Winchester,	9,161	24	2	4	18	19.6	21.2	2	2	9
44	Windham,	13,904	37	1	11	14	9.4	13.2	2	..	3
Total of above towns, ...		1,002,383	2,432	93	884	1,432	17.1	14.9	228	77	409
Towns of less than 5,000.,		221,200	319	11	112	337	18.2	10.1	29	15	157

Non-resident deaths in public Institutions are not included in the death rates of the towns.

HEALTH FOR THE MONTH OF FEBRUARY, 1916.

FOR JANUARY, 1916.

DEATHS FROM IMPORTANT CAUSES.															EXTERNAL CAUSES.						
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Cancer.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.	Deaths in Institutions.	Deaths of Non-residents.	Line Number.	
6	6	3	21	15	105	126	19	75	1	1	289	23	75	11	..	420	206		
..	1	..	..	..	..	7	..	..	..	..	..	..	2	
..	1	..	..	..	..	3	..	..	..	..	..	..	3	
..	2	4	3	13	3	9	..	1	36	6	8	2	..	43	8	4	
..	1	..	..	..	..	..	..	..	..	..	..	..	5	
..	1	..	..	..	7	1	..	3	..	..	7	..	3	..	..	13	7	6	
..	3	..	1	2	..	..	..	..	6	2	3	..	..	7	10	7	
..	1	1	..	..	..	..	..	..	..	..	..	..	..	8	
..	1	..	1	1	..	..	1	..	..	1	..	..	..	..	..	..	9	
..	1	1	..	..	..	..	2	..	..	..	..	..	..	10	
..	1	1	2	..	..	..	..	1	..	..	..	1	1	11	
..	3	1	1	..	..	..	..	5	..	..	..	..	..	..	12	
1	3	..	2	1	3	11	1	10	..	..	18	..	11	2	..	85	34	13	
..	1	..	..	7	..	..	..	..	3	..	1	..	..	6	7	14	
..	1	..	1	..	..	..	..	..	2	..	..	..	..	..	..	15	
..	5	1	..	1	..	..	1	..	1	..	..	..	..	16	
1	5	7	..	2	..	..	7	..	..	..	..	11	7	17	
..	2	..	1	2	4	4	..	..	16	1	..	..	..	42	35	18	
1	1	..	2	1	5	3	..	1	..	..	2	..	1	..	..	..	..	19	
1	2	1	1	10	4	2	14	1	..	10	..	2	..	..	4	4	20	
..	1	2	6	..	2	..	..	..	44	2	11	2	..	67	15	21	
..	1	2	1	..	1	..	..	5	..	4	..	..	18	8	22	
1	2	..	4	2	..	4	..	..	5	..	..	..	..	..	..	23	
..	3	2	2	1	1	..	..	4	..	2	..	..	5	1	24	
..	1	..	1	..	1	..	..	3	..	4	..	..	8	2	25	
..	1	..	..	..	1	..	..	..	..	..	8	..	..	..	..	..	..	26	
..	1	..	..	..	..	..	4	..	..	..	..	..	..	27	
..	1	..	..	..	..	..	..	..	..	..	..	..	..	28	
..	1	..	..	..	..	..	..	..	..	..	..	..	..	29	
..	1	..	..	..	..	..	2	..	..	..	..	1	1	30	
..	2	..	..	..	..	..	1	..	..	..	..	..	..	31	
..	1	..	..	..	..	32	
..	1	..	..	..	..	1	..	..	..	..	..	..	33	
..	1	..	6	..	..	..	..	8	..	..	..	..	16	8	34	
..	1	1	..	..	1	..	1	1	..	..	..	35	
..	1	..	..	..	..	..	..	36	
..	1	4	..	1	1	..	..	3	1	..	..	..	..	..	37	
..	1	..	..	..	..	..	..	38	
..	39	
..	2	2	12	..	..	..	..	15	2	6	..	..	34	5	40	
..	2	2	..	..	..	..	4	4	..	..	..	10	..	41	
..	1	..	2	2	1	1	..	..	3	..	1	..	..	4	3	42	
1	1	..	..	..	..	..	..	1	..	1	..	..	3	3	43	
6	6	3	17	13	72	92	17	60	1	1	242	19	62	8	..	380	161	44	
..	4	2	33	34	2	15	..	..	47	4	13	3	..	40	45		

MONTHLY METEOROLOGICAL SUMMARY.

HARTFORD, CONN., FEBRUARY, 1916.

DATE.	TEMPERATURE			Precipitation. (In inches and hundredths.)	Character of day.	Percentage of Sunshine.	ATMOSPHERIC PRESSURE.	
	Maximum.	Minimum.	Mean.				(Reduced to sea level; inches and hundredths.)	
							Mean.....	30.00; highest..30.59; date 14
							Lowest.....	28.94; date 26
							TEMPERATURE.	
1	53	34	44	T.	Cloudy	0	Highest..53°; date 1; lowest.....-8°; date 15	
2	34	21	28	.75	Cloudy	0	Greatest daily range 41°; .....date 22	
3	30	17	24	.21	Cloudy	53	Least daily range... 4°; .....date 12	
4	26	12	19	.00	Clear	100	Mean highest...31.0°; lowest....15.8°	
5	35	20	28	T.	Pt. Cldy	45	MEAN FOR THIS MONTH IN	
6	43	33	38	.02	Pt. Cldy	36	1905-21°	1906-28°
7	44	17	30	.07	Cloudy	16	1907-20°	1908-24°
8	23	13	18	T.	Clear	72	1909-32°	1910-27°
9	30	19	24	.18	Cloudy	15	1911-26°	1912-25°
10	32	24	28	.00	Clear	92	1913-27°	1914-21°
11	26	16	21	.30	Cloudy	14	1915-32°	1916-23°
12	21	17	19	.31	Cloudy	0	Mean for this month.....	
13	21	11	16	.34	Cloudy	0	Normal for this month.....	
14	12	-2	5	.00	Clear	100	Absolute maximum for this month for 12	
15	25	-8	8	.00	Clear	89	years.....	
16	32	4	18	.03	Cloudy	44	Absolute minimum for this month for 12	
17	39	28	34	T.	Cloudy	3	years.....	
18	40	26	33	.22	Cloudy	0	Average daily deficiency this month as	
19	26	7	16	T.	Clear	98	compared with the normal.....	
20	20	4	12	.02	Cloudy	3	Accumulated excess since Jan. 1.....	
21	16	-1	8	.00	Clear	100	Average daily excess since Jan. 1.....	
22	39	2	18	.00	Pt. Cldy	79	PRECIPITATION.	
23	35	27	31	.01	Cloudy	0	Total this month.....	
24	32	25	28	.05	Cloudy	0	Total snowfall.....	
25	43	31	37	3.04	Cloudy	0	Greatest precipitation in 24 hours,	
26	43	28	36	.17	Cloudy	17	date 25.....	
27	28	13	20	T.	Cloudy	37	Snow on ground end of month.....	
28	24	11	18	.00	Clear	88	Normal for this month.....	
29	28	12	20	.00	Clear	78	Excess of this month as compared with	
Mean	31	16	23	5.72		41	the normal.....	
							Accumulated deficiency since Jan. 1....	
							TOTAL PRECIPITATION THIS MONTH IN	
							1905-1.79 1906-2.30 1907-2.48 1908-4.98 1909-5.47	
							1910-4.43 1911-2.64 1912-3.43 1913-2.33 1914-2.79	
							1915-4.30 1916-5.72	
							WIND.	
							Prevailing direction.....N. W.	
							Total movement..... 5,939 miles	
							Average hourly velocity..... 8.5	
							Maximum velocity (in five minutes) 36	
							miles per hour, from S. W. on 7th.	
							WEATHER.	
							Number of days, clear..... 9	
							Partly cloudy..... 3	
							Cloudy..... 17	
							On which .01 inch, or more, occurred.. 15	
							MISCELLANEOUS PHENOMENA	
							(dates of).	
							Solar halos..... 16	
							Lunar halos..... 13, 17	
							Thunderstorms..... none	
							Sleet..... 13	

NOTE.—“T” indicates trace of precipitation.

WILLIAM W. NEIFERT, Local Forecaster,

Mean monthly relative humidity, 72 p. c.

WEATHER BUREAU.

Vol. III

No. 4

APRIL, 1916

MONTHLY BULLETIN
OF THE
CONNECTICUT
STATE BOARD OF HEALTH



STATE BOARD OF HEALTH

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MONTHLY BULLETIN

OF THE

Connecticut State Board of Health

All communications should be addressed to the Secretary—Hartford, Conn.

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New Series, Vol. III, No. 4

HARTFORD, APRIL, 1916

Full Series, Vol. XXX, No. 4

THE REFRACTORY CONSUMPTIVE.

A most dangerous individual in the community is the refractory consumptive. The consumptive who has been carefully instructed by his or her physician as to what should be done to protect family and friends, and who knowingly, voluntarily and persistently ignores those instructions is really a criminal. He or she should be made to realize the gravity and terrible consequences of such conduct.

Then comes a still worse class—the defiant consumptive who, from bad habits and vicious tendencies, is debarred from treatment in sanatoria and who seems to delight in exposing others to his affliction.

For this latter class, at least, some stringent legislation should be enacted, as almost every health officer who has had such cases to deal with finds that there is little he can do.

A health officer reports the following case:

Mr. Smith, a hard drinker, was found to have tuberculosis in the open stage. He had a wife and five small children and lived in a two-room basement tenement. He was induced to go to a sanatorium but was soon discharged on account of his persistent abuse of liquor, returning to his home where his wife supported the family by taking in washings. The case was called to the attention of the health officer by the district nurse. It was found that he was sleeping with some of the children and would spit anywhere on the floor. A single bed was provided, as well as spittoons. He refused to use them, and at the time of his death, six months later, two of the children were found to be afflicted with the same disease.

Must not a remedy be provided? Must innocent children be practically murdered?

THE OPPORTUNITY OF THE MEDICAL PROFESSION.

From Boston Health Department Bulletin.

In a collection of letters from graduates of the Harvard Medical School, Irving Fisher, the economist, says in a personal letter to Dr. Emmons, the editor:

"The great preventable wastes in this world are, I believe, wastes which can be prevented only, or chiefly, by hygiene. Crime, vice, insanity, disease, death and poverty could be wonderfully reduced by applying hygienic knowledge, even the little already available. The economic cost from wrong habits and conditions of living is, I am convinced, on the basis of such fragments of evidence as are obtainable, so colossal that even workers in this field would be astonished if the whole picture could be revealed.

"The medical profession is, naturally, the body of men through whom this waste is to be checked. With the increased knowledge concerning hygiene and the rapidly increasing interest in it, the medical profession has an opportunity greater than ever before. Their art is being securely based to-day on exact science.

"In order to rise to the occasion the profession must keep abreast of recent contributions to their subject, not only in surgery and therapeutics, but also and even more in preventive medicine and in the study of the physiology of common habits—the use of alcohol, tobacco, tea, coffee; the amount, ingredients and proportion of a wholesome dietary; the outlines of a well-balanced daily régime with its due proportion of work, rest, sleep and play. He must take an interest in public hygiene, industrial hygiene, individual hygiene, dental hygiene, domestic hygiene and all other applications. He must learn to apply his art to the upbuilding of vitality instead of simply to the repairing of sick bodies. The doctor must supplant the unintelligent physical trainer. A demand for his services must be created by the widespread circulation of the principle of medical reëxamination in general, similar to the dental reëxaminations in particular, which are becoming customary.

"Lastly, he must acquire a sense of his own individual responsibility to live a life beyond criticism in respect to hygiene, the use of drugs, including alcohol, and adherence to a high ethical code in that border-land between hygiene and morality. He must have the courage of his convictions, the willingness to practice what he preaches, and the determination to lead in the fight against immorality, alcoholism, and other evils connected with his profession instead of condoning these and following current customs in order to increase his practice. In short, he must not prostitute his practice even by acquiescence in wrong customs, much less by subservience to the interests of the forces which it is his professional duty to fight."

A SURVEY.

The report on a comprehensive survey of State Boards of Health made under the direction of the Council on Health and Public Instruction of the American Medical Association, by Charles V. Chapin, M.D., Commissioner of Health, Providence, Rhode Island, gives the following summary of the Connecticut State Board of Health:

"The Board of Health of this state is among the older organizations of the kind in the country and, perhaps because of the inertia of its inheritance, has not advanced as rapidly as it should. Nevertheless, the state has to its credit an excellent system of vital statistics which has placed it among the registration states for births as well as for deaths. Free diphtheria antitoxin is distributed and the case fatality is low. Excellent diagnostic work is done by the State Board of Health at Wesleyan University and the laboratory is doing much to improve local milk supplies. Through it, too, studies are being made of public water supplies and the sewage pollution of streams.

Connecticut maintains four sanatoria for tuberculosis and expends between \$300,000 and \$400,000 for the control of this disease, but these funds are expended by the State Tuberculosis Commission.

The State Board of Health is a licensing board for physicians but the examinations are conducted by committees of state medical societies nominally appointed by the State Board of Health.

The Board of Health should be given rule-making power. Members of the board should be ineligible for the position of executive officer.

The present system of county health officers, attorneys appointed by the judges of the supreme court, has proved ineffective or at times a hindrance, and should be abolished. In its place should be full time district supervisors, appointed by the state department of health.

There should be a full time epidemiologist in the department.

The work of the laboratory should be greatly extended and ample provision made for the chemical work needed by the proposed engineer.

A water and sewage law was enacted this year which is capable of yielding good results, and the next step, and an essential one, is the organization of an engineering division within the department.

Educational work should be systemized and greatly enlarged."

SEWAGE DISPOSAL—THEORY AND PRACTICE.

J. FREDERICK JACKSON, PH.D.

In hearings held at Albany on bills designed to prevent the establishment of nuisances on the Croton watershed, it was stated, according to the *New York Times*, "that at the House of Refuge for Women at Albion the disposal system worked well while new, but of late years has become clogged and a large part of the time the sewage has been allowed to flow

around the beds by a by-pass without any purification whatever. At the New York State School for the Blind, sewage now runs constantly through one set of chambers without receiving any chemical treatment, and that at the Reformatory at Bedford and the Girls' Training School at Hudson the plants are nuisances." The *Times* concludes: "This is only part of the record of purification in practice, the case being similar in other States." Experience in our own state tends to support this conclusion. Nor is the condition confined to institutional plants but obtains in nearly all works installed by cities and towns. But it is neither fair nor just to attribute this to engineering design. Most of the plants were well constructed and designed in accordance with practice prevailing at the date of their installation, but in no field has there been greater advancement than in that of sewage disposal, and while in the light of present day practice many improvements might be made, the plants have done excellent work when taken care of properly. Where they have failed their failure can generally be traced, not to faulty theory or design,—but to the lack of proper attention. The operation is unskillful and rests in the hands of untrained and indifferent persons. No attempt is made at keeping records of any kind, and data as to cost of operation is not obtainable because there are none. In at least two instances the persistence in this policy has practically forced the abandonment of the plant, and the towns are facing large expenditures to remedy a condition which intelligent supervision and watchful operation would have certainly remedied if it did not altogether prevent. What is needed is decrease in area and compactness of plant through use of improved methods; reliable records, and principally intelligent supervision. Yes, we want practice by all means; the practice of the theory of operation.

SOMETHING TO DO.

After a long and severe winter with an abundance of snow we will find, as the snow melts away, a great accumulation of dirt and rubbish. Connecticut will be dirtier than it has been for many a day, and there will be something for everyone to do. Yards, gardens and barnyards must receive attention. The chicken coop and hog pen should be cleaned, while heaps of rubbish, ashes and manure must be carted away. The cesspool and drain must not be overlooked, and if in need of repairs, now is the time it should be done because it will not be long before Mr. Fly and Mr. Mosquito will be around seeking summer homes for their enormous families.

The two hundred health officers of Connecticut have something to do. Many people are thoughtless or negligent and forget that failure to clean up will jeopardize the health of their families and that of their neighbors. Fortunately most people now know the value of cleanliness and need only

a suggestion to clean up. The more frequent and the more forceful the suggestions the more people that will be reached. For this reason many of the cities and larger communities have adopted the plan of conducting "Clean Up" or "Spring Cleaning" campaigns. By thus popularizing (and systemizing) sanitary effort wonderful results have been accomplished.

The health officer of the smaller community may not be in a position to carry out plans on an elaborate scale, but he can do considerable toward making the movement in his community popular and effective by soliciting the aid of his local newspapers and enlisting local societies or organizations interested in community welfare and improvement.

BABY WEEKS, HEALTH WEEKS, ETC.

The State Board of Health is preparing to be of assistance to health officers or local organizations throughout the state who contemplate carrying on Baby Weeks, Health Weeks, Sanitary Exhibits, and the like.

In order to be of assistance we must know what you are contemplating and when you propose to carry on your campaign. Write and let us know, and tell us what you will probably need in the way of literature, exhibits, lantern slides, etc.

Hartford and Stonington have just had successful Baby Weeks. New London and Plainfield will soon undertake "Clean Up" campaigns. Middletown is making great preparations for a Baby Week in June, while Stafford Springs has arranged for a Baby Week in July.

What are you planning?

MILLIONS AT A WHACK!

Every fly that is "whacked" this month means millions less next summer. We have just published a new edition of "The House Fly" written by Professor W. E. Britton which tells us that a fly in Connecticut reproduces in one season five million millions of flies. This very interesting and useful pamphlet is now ready for free distribution to the citizens of Connecticut upon application to the State Board of Health.

VITAL STATISTICS FOR MARCH, 1916.

By mortality reports received there were 1,773 deaths during the month of March. This is the same number as occurred in February of this year and 30 less than in March last year and 28 more than the average for March for the five years preceding.

	1916	1915	1914	1913	1912	1911
January	2,195	1,525	1,671	1,614	1,600	1,760
February	1,773	1,463	1,623	1,547	1,567	1,556
March	1,773	1,803	1,845	1,704	1,681	1,692
Total first quarter	5,741	4,791	5,139	4,865	4,848	5,008

The death rate expressed as an annual rate per 1,000 estimated population was 17.5 for the large towns, for the small towns 16.4, and for the whole State including State institutions 17.3. The deaths from infectious disease were 269, being 15.1 per cent. of the total mortality.

COMMUNICABLE DISEASES—MARCH.

Cases reported by local Health Officers.

TYPHOID FEVER.—Canaan, 1; Danbury (city), 1; Enfield, 9; Greenwich, 1; Hartford, 3; Killingworth, 1; Meriden (city), 1; Naugatuck, 1; New Haven, 4*; Norwalk, 3; Norwich, 2; Shelton, 1; Thomaston, 1; Waterbury, 3; Windsor Locks, 1.—Total, 33 in 15 towns.

MEASLES.—Andover, 1; Berlin, (?); Bethlehem, 1; Bloomfield, 6; Bolton, 1; Branford, 1; Bridgeport, 4; Bristol, 2; Brooklyn, 2; Canton, 10; Chaplin, 1; Cheshire, 2; Chester, 1; Cornwall, 1; Cromwell, 1; Danbury (city), 8; Danielson, 5; East Hampton, 100+; East Hartford, 7; East Windsor, 3; Enfield, 3; Fairfield, 5; Farmington, 12; Glastonbury, 7; Goshen, 10; Greenwich, 5; Griswold, 1; Hartford, 695; Harwinton, "epidemic"; Hebron, 5; Killingly, 3; Litchfield, 8+; Madison, 2; Meriden (city), 2; Middletown (city), 10; Middletown (town), 6; Milford, 2; Naugatuck, 1; New Britain, 547; New Hartford, 1; New Haven, 10; Newington, 1; New Milford, 5; Norwich (city), 1; Old Saybrook, 2; Orange, 23; Plainfield, 23+; Plainville, 1; Plymouth, 1; Portland, 1; Putnam, 33; Rockville, 3; Rocky Hill, 9; Roxbury, 1; Seymour, 1; Simsbury, 3; Southington, 6; South Windsor, 2; Stafford Springs, 1; Stamford (city), 1; Stonington, 5; Suffield, 2; Thomaston, 2; Torrington, "epidemic"; Trumbull, 2; Vernon, 1; Wallingford, 1; Washington, 71; Waterbury, 9; West Hartford, 51; Westport, 4; Wethersfield, 2; Willimantic, 2; Windsor, 50; Windsor Locks, 4; Woodstock, 1. Total, 1,748+ in 76 towns.

SCARLET FEVER.—Ansonia, 1; Berlin, 1; Bridgeport, 16; Bristol, 5; Danbury (city), 10; Danielson, 2; Fairfield, 1; Farmington, 1; Glastonbury, 2; Greenwich, 3; Hartford, 11; Killingly, 5; Ledyard, 1; Manchester, 2; Mansfield, 3; Meriden (city), 1; Middlebury, 1; Naugatuck, 2; New Britain, 1; New Haven, 33; New London, 3; Newtown, 1; Norwalk, 11; Norwich (city), 3; Norwich (town), 1; Orange, 1; Plymouth, 1; Southington, 8; South Windsor, 1; Stafford, 2; Stamford

* Non-Residents:—New Haven, 2. Hereafter credit for non-residents will be given only when residence is supplied.

(city), 4; Stamford (town), 2; Stratford, 8; Torrington, 1; Wallingford, 2; West Hartford, 1; Westport, 1; Willimantic, 5; Windham, 1; Windsor Locks, 1.—Total, 160 in 40 towns.

WHOOPING COUGH.—Andover, 4; Bridgeport, 12; Canton, 10; Coventry, 8+; Danielson, (?); Durham, "about 30"; East Hampton, 2; East Hartford, 1; East Haven, 1; Greenwich, 2; Groton, 15; Hartford, 68; Huntington, 2; Killingly, (?); Milford, 1; New Britain, 18; New Milford, 2; New Haven, 32; New London, 1; North Canaan, 2; Norwich (city), 7; Redding, 8; Ridgefield, 5; Rockville, 4; Seymour, 3; Stamford, 1; Thompson, 1; Waterbury, 1; West Hartford, 7; Willimantic, 4; Wilton, 2; Winchester, 1.—Total, 255+ in 32 towns.

DIPHTHERIA.—Ansonia, 2; Bethel, 1; Bozrah, 1; Bridgeport, 21; Bristol, 1; Danbury (city), 1; Derby, 3; East Hartford, 1; East Windsor, 5; Ellington, 1; Enfield, 1; Glastonbury, 2; Groton (borough), 4; Hamden, 1; Hartford, 43; Harwinton, 6; Naugatuck, 2; New Britain, 8; New Canaan, 3; New Haven, 12; New London, 5; Norwich (city), 2; Norwich (town), 2; Old Saybrook, 1; Orange, 1; Plainville, 3; Rockville, 4; Salisbury, 1; Stamford (city), 1; Stonington, 1; Stratford, 5; Torrington, 3; Wallingford, 2; Waterbury, 16; Watertown, 1; West Hartford, 3; Willimantic, 3; Winchester, 1; Windsor, 1.—Total, 175 in 39 towns.

TUBERCULOSIS.—Andover, 1; Ansonia, 5; Branford, 3; Bridgeport, 28; Bristol, 2; Brookfield, 2; Canton, 1; Cheshire, 1; Cornwall, 1; Danbury (city), 3; Derby, 1; East Hartford, 1; Fairfield, 1; Greenwich, 4; Hamden, 2; Hartford, 28; Manchester, 5; Meriden (city), 3; Middletown (city), 2; Middletown (town), 2; Naugatuck, 2; New Britain, 10; New Haven, 29; New London, 3; Norwalk, 2; Norwich (city), 6; Orange, 3; Plainfield, 1; Portland, 1; Putnam, 1; Rockville, 1; Saybrook, 1; Seymour, 1; Simsbury, 1; Southington, 1; Stamford (city), 3; Stratford, 2; Torrington, 4; Wallingford, 2; Waterbury, 7; West Hartford, 1; Willimantic, 2.—Total, 180 in 42 towns.

EPIDEMIC CEREBRO SPINAL MENINGITIS.—Bridgeport, 8; New Haven, 1.—Total, 9 in 2 towns.

GONORRHOEA.—Bridgeport, 67; Hartford, 7; Manchester, 1; New Britain, 4; Suffield, 1.—Total, 80 in 5 towns.

SYPHILIS.—Bridgeport, 17; Farmington, 1; Hartford, 11; Manchester, 1.—Total, 30 in 4 towns.

In addition to the above the Health Officers of 65 towns report that they have not been notified of any infectious diseases.

All the Health Officers of Hartford, New Haven, Fairfield, Windham, and Tolland Counties have reported, but the Health Officers of the following towns have not reported:

New London County.—Lisbon.

Litchfield County.—Bridgewater.

Middlesex County.—Haddam, Westbrook.

DEATHS—COMMUNICABLE DISEASES.**REPORTED BY REGISTRARS**

In towns of less than 5,000 population.

MEASLES.—Bethel, 1; Cromwell, 1; Rocky Hill, 1; Windsor, 1.—Total, 4.

WHOOPIING COUGH.—Berlin, 1; Bethel, 1; Cromwell, 1; Milford, 1.—Total, 4.

DIPHTHERIA AND CROUP.—Bethel, 1; Bozrah, 1; East Windsor, 1; Ellington, 1.—Total, 4.

LA GRIPE.—Canton, 1; Clinton, 2; Colebrook, 1; Darien, 1; Eastford, 1; Franklin, 1; Lyme, 1; Ridgefield, 1; Thomaston, 1; Washington, 1; Windsor, 1; Woodstock, 1.—Total, 13.

TUBERCULOSIS.—Canton, 1; Guilford, 1; Litchfield, 1; Monroe, 1; Newington, 6*; Newtown, 1; Preston, 2*; Simsbury, 1; Sterling, 1; Wilton, 1; Windsor, 1; Woodstock, 1.—Total, 18.

REGISTRARS—NOTICE.

The registrar of Voluntown is the only one in the State that has failed to make return for March.

Report of specimens examined at the Laboratory of the State Board of Health of Connecticut for the month of March, 1916.

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	30	154	2	186
release	27	54	0	81
school cases, diagnosis ...	10	44	0	54
" " release	22	37	5	64
Tuberculosis	30	116	0	146
Typhoid	7	41	0	48
Malaria	2	4	0	6
Pus	1	0	0	1
Rabies	1	0	0	1
Gonococcus	1	2	0	3
Catgut Examination	0	1	0	1
Glanders	14	9	3	26
Vincent's Angina	1	0	0	1
Syphilis	82	233	65	380
Total specimens examined				998
Samples of milk examined				239
" " water examined				23
Sewage and effluents examined				6
Oil samples tested				2

* Non-residents.

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Line Number	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1915.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, March, 1915.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut..	1,223,583	2,770	103	1,083	1,773	17.3	17.8	299	151	491
2	Ansonia,	16,454	45	..	20	19	13.1	15.6	9	..	3
3	Branford,	6,226	9	..	6	9	17.3	11.6	1	3	4
4	Bridgeport,	118,434	384	14	172	210	20.2	15.8	40	13	30
5	Bristol,	15,536	28	4	16	15	11.5	15.9	3	..	6
6	Danbury,	25,627	27	2	12	29	12.6	15.2	5	..	12
7	Derby,	9,548	35	2	16	25	21.4	29.3	12	4	2
8	East Hartford,	9,050	15	1	5	10	13.2	13.5	2	..	4
9	Enfield,	11,312	26	1	18	11	11.6	16.4	3	1	1
10	Fairfield,	7,001	24	1	2	9	15.4	14.1	2	1	2
11	Glastonbury,	5,078	8	..	..	3	7.0	7.1	..	..	2
12	Greenwich,	18,724	39	..	18	18	10.8	15.3	1	1	5
13	Groton,	6,776	8	..	2	..	..	16.1	..	..	..
14	Hamden,	6,494	13	2	4	7	12.9	17.0	2	2	2
15	Hartford, ..	108,969	329	10	122	215	19.2	15.2	27	34	51
16	Huntington,	7,058	14	..	2	24	27.2	17.3	7	1	4
17	Killingly,	6,420	20	..	4	8	14.9	29.7	2	1	3
18	Manchester,	15,243	28	2	10	8	6.2	13.7	2	1	3
19	Meriden,	33,842	65	4	25	37	10.6	12.2	1	2	14
20	Middletown,	22,468	44	2	16	54	16.0	16.3	5	..	18
21	Naugatuck,	13,872	27	2	13	10	7.7	12.3	1	2	1
22	New Britain,	52,203	154	4	63	60	13.3	12.4	12	11	10
23	New Haven,	147,095	393	17	158	237	18.5	18.2	44	18	49
24	New London,	20,771	50	2	18	46	23.6	19.3	7	5	24
25	New Milford,	5,118	7	..	8	6	14.0	7.0	3	..	3
26	Norwalk,	26,466	40	..	17	33	14.9	15.2	3	..	5
27	Norwich,	29,225	53	1	33	46	17.2	15.7	7	5	9
28	Orange,	13,527	19	..	2	14	12.4	13.9	8	1	4
29	Plainfield,	7,719	12	..	8	8	12.4	22.4	2	1	1
30	Plymouth,	6,177	13	..	6	5	9.7	12.2	2	..	1
31	Putnam,	7,245	18	1	13	14	18.2	16.5	1	2	5
32	Seymour,	5,442	18	2	6	10	19.8	11.3	3	1	1
33	Southington,	6,836	18	2	1	3	5.2	12.4	..	1	2
34	Stafford,	5,726	8	..	2	6	12.5	21.4	2	1	2
35	Stamford,	34,107	80	4	57	56	17.5	14.5	10	5	17
36	Stonington,	9,477	12	..	5	21	26.5	19.1	2	..	10
37	Stratford,	6,796	12	1	3	6	8.8	18.3	1	..	3
38	Torrington,	19,153	35	..	15	15	9.3	6.4	3	1	7
39	Vernon,	9,405	16	1	6	11	14.0	9.0	1	3	2
40	Wallingford,	12,290	29	..	5	13	11.7	11.0	3	1	7
41	Waterbury,	84,745	204	9	69	103	14.0	17.6	27	7	15
42	West Hartford,	5,663	8	..	2	8	16.9	13.2	1	..	5
43	Winchester,	9,161	18	..	8	13	14.4	15.9	3	1	5
44	Windham,	13,904	27	1	10	15	12.9	18.0	4	1	4
Total of above towns, . .		1,002,383	2,432	92	998	1,470	17.5	17.5	274	131	358
Towns of less than 5,000.,		221,200	338	11	85	303	16.4	15.4	25	20	133

Non-resident deaths in public Institutions are not included in the death rates of the towns.

HEALTH FOR THE MONTH OF MARCH, 1916.

FOR FEBRUARY, 1916.

DEATHS FROM IMPORTANT CAUSES.															EXTERNAL CAUSES.					Line Number.
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Cancer.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.	Deaths in Institutions.	Deaths of Non-residents.	
11	31	6	14	31	39	135	19	92	2	..	280	16	68	6	1	473	172	1
..	2	..	..	..	..	2	..	..	..	..	..	1	2
..	2	1	..	..	..	..	..	..	..	..	..	3
3	1	..	4	..	16	..	5	1	..	59	4	6	..	1	67	10	4
..	1	1	2	..	1	..	..	..	..	..	..	..	..	..	5
..	2	..	..	..	2	1	..	3	..	..	1	..	..	..	..	8	2	6
1	1	..	..	1	1	1	..	..	4	1	2	..	..	9	8	7
..	1	..	1	..	..	..	..	..	..	..	..	..	8
..	2	..	..	..	..	2	..	1	..	..	..	..	9
..	1	..	..	..	..	..	..	10
..	1	1	1	..	1	..	..	..	..	..	..	..	..	..	11
..	1	1	..	..	..	..	2	..	1	..	..	..	1	12
..	13
..	17	1	3	5	4	10	2	9	..	..	33	3	8	1	..	109	40	15
..	1	..	..	9	..	..	..	..	4	..	2	..	..	8	8	16
..	1	1	..	1	..	..	1	..	..	..	..	..	..	17
..	2	1	..	..	..	..	..	18
..	2	..	9	..	2	..	..	6	..	2	..	..	12	7	19
1	1	8	1	1	..	..	9	..	2	..	..	36	24	20
..	8	..	..	..	..	1	..	1	..	..	..	..	2	..	..	..	1	21
3	1	..	4	5	20	3	18	1	..	56	2	7	..	..	86	10	22
1	1	2	1	..	..	4	..	1	1	..	17	5	24
..	1	..	..	..	..	..	..	25
..	3	..	2	..	..	8	..	..	..	..	..	3	26
1	2	..	1	4	6	..	2	..	..	3	..	2	..	..	16	4	27
..	1	..	..	..	2	..	..	4	..	..	..	..	..	..	28
..	1	1	..	..	..	..	2	..	..	1	..	..	..	..	..	..	29
..	1	..	..	..	..	..	1	..	..	..	..	..	..	30
..	3	..	..	..	..	1	..	..	4	3	31
..	1	1	..	..	..	..	..	..	2	..	..	..	1	32
1	1	..	..	..	..	..	..	..	..	..	..	..	..	3	..	33
..	4	1	4	..	..	12	..	5	..	..	21	6	34
..	1	..	1	..	1	..	..	2	..	1	1	..	..	..	35
..	3	..	..	..	..	..	1	36
..	2	..	2	..	..	..	..	..	..	..	1	..	..	..	37
..	1	..	..	1	1	..	..	..	..	1	..	..	..	..	38
..	4	..	..	2	..	..	..	..	2	1	39
..	1	3	2	8	2	4	..	..	10	4	5	1	..	30	4	40
..	1	..	..	..	..	..	..	1	..	..	..	..	3	..	41
..	2	1	..	..	..	..	..	..	..	..	..	..	..	3	2	42
..	1	..	..	..	..	2	..	..	..	..	2	..	43
11	27	6	10	27	26	117	16	75	2	..	250	16	52	5	1	444	141	44
..	4	..	4	4	13	18	3	17	..	..	30	..	16	1	..	29	31	

MONTHLY METEOROLOGICAL SUMMARY.

HARTFORD, CONN., MARCH, 1916.

DATE.	TEMPERATURE			Precipitation. (in inches and hundredths.)	Character of day.	Percentage of Sunshine.	ATMOSPHERIC PRESSURE.	
	Maximum.	Minimum.	Mean.				(Reduced to sea level; inches and hundredths.)	
1	30	18	24	.00	Clear	100	Mean.....29.92; highest..30.29; date 6	
2	26	18	22	.20	Cloudy	0	Lowest .....29.19; date 8	
3	29	18	24	.02	Pt. Cldy	65	TEMPERATURE.	
4	27	17	22	.00	Clear	88	Highest..64°; date 31; lowest.....4°; date 18	
5	30	16	23	T.	Pt. Cldy	66	Greatest daily range 33°; .....date 26	
6	24	12	18	.45	Cloudy	25	Least daily range... 5°; .....date 29	
7	34	20	27	.28	Cloudy	10	Mean highest ...36.8°; lowest ....21.9°	
8	33	27	30	.24	Cloudy	0	MEAN FOR THIS MONTH IN	
9	32	19	26	.00	Cloudy	74	1905-36° 1906-31° 1907-38° 1908-37° 1909-35°	
10	42	22	32	.30	Cloudy	3	1910-42° 1911-34° 1912-34° 1913-41° 1914-35°	
11	29	18	24	.00	Clear	100	1915-35° 1916-29°	
12	34	12	23	.00	Cloudy	70	Mean for this month..... 29.4°	
13	43	30	36	.06	Pt. Cldy	69	Normal for this month..... 35.0°	
14	38	28	33	.12	Cloudy	0	Absolute maximum for this month for 12	
15	31	17	24	.55	Cloudy	0	years 80.0°	
16	24	15	20	T.	Pt. Cldy	78	Absolute minimum for this month for 12	
17	23	6	14	.00	Clear	100	years..... 4.0°	
18	20	4	12	.01	Pt. Cldy	75	Average daily deficiency this month as	
19	30	14	22	.05	Clear	86	compared with the normal 5.6°	
20	29	16	22	.00	Clear	78	Accumulated excess since Jan. 1 80.0°	
21	37	25	31	.05	Cloudy	27	Average daily deficiency since Jan. 1.... 1.0°	
22	29	24	26	.44	Cloudy	0	PRECIPITATION.	
23	33	22	28	.00	Clear	100	Total this month..... 2.77	
24	40	18	29	.00	Pt. Cldy	82	Total snowfall..... 27.4	
25	55	34	44	.00	Clear	100	Greatest precipitation in 24 hours,	
26	60	27	44	.00	Clear	100	*date 6-7th 0.73	
27	55	32	44	.00	Cloudy	67	Snow on ground end of month..... 0.0	
28	54	34	44	.00	Pt. Cldy	58	Normal for this month..... 4.32	
29	45	40	42	T.	Cloudy	0	Deficiency of this month as compared	
30	60	40	50	.00	Clear	67	with the normal 1.55	
31	64	36	50	.00	Clear	100	Accumulated deficiency since Jan. 1.... 2.17	
Mean	37	22	29	2.77		58	TOTAL PRECIPITATION THIS MONTH IN	
							1905-3.35 1906-5.02 1907-1.33 1908-3.06 1909-3.64	
							1910-0.95 1911-3.89 1912-7.29 1913-4.86 1914-4.14	
							1915-0.29 1916-2.77	
							WIND.	
							Prevailing direction.....N. W.	
							Total movement..... 6,267 miles	
							Average hourly velocity 8.4	
							Maximum velocity (in five minutes) 29	
							miles per hour, from N. W. on 17th.	
							WEATHER.	
							Number of days, clear..... 11	
							Partly cloudy..... 7	
							Cloudy 13	
							On which .or inch, or more, occurred.. 13	
							MISCELLANEOUS PHENOMENA	
							(dates of).	
							Solar halos..... 6, 18, 20, 24	
							Lunar halos..... none	
							Thunderstorms..... 15	
							Sleet..... 14, 15, 22	

NOTE.—"T" indicates trace of precipitation.

WILLIAM W. NEIFERT, Local Forecaster,

Mean monthly relative humidity, 68 p. c.

WEATHER BUREAU.

Monthly Bulletin

Connecticut

State Board of Health



MAY 1916



DON'T FORGET ME !

Connecticut State Board of Health

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Bureau of Medical Inspection*	" "	"
Bureau of Medical Registration*	" "	"
Bureau of Publications and Education*	" "	"

*Organization not complete—in charge of the Executive Secretary.

Address all communication to the Secretary, *Hartford, Conn.*

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MONTHLY BULLETIN

Connecticut State Board of Health

All communications should be addressed to the Secretary—Hartford, Conn.

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New Series, Vol. III, No. 5 HARTFORD, MAY, 1916 Full Series, Vol. XXX, No. 5

YOUR BULLETIN.

To the Citizens of Connecticut:

The State Board of Health Bulletin has been published regularly for the last thirty years. During the most of this time it contained information and statistics of particular interest to physicians, health officers and registrars, but during the last few years, owing to a public demand for more general information on health subjects, it was necessary to enlarge the publication from time to time. With this issue it is still further enlarged and we are glad to do so, because we appreciate that the knowledge of danger without the knowledge of how to avoid danger is a sorry plight.

Almost every one knows that the fly and mosquito are dangerous—that the diphtheria or typhoid carrier is a menace, and that the milk and food consumed may cause illness. So now, what everybody wants to know is, how to get rid of the fly and mosquito in a practical way—how to avoid and detect the carrier of disease, and how to assure one's self that milk and food is safe and wholesome.

This bulletin we hope will supply this information and much more of a similar character. It shall be our endeavor to make it of interest and value to every citizen in the State of Connecticut.

Remember it is **YOUR** bulletin and you, by suggestions and cooperation, can be of great assistance.

Contributions and comments are solicited and all queries on health matters will be gladly answered by the Editor either personally or in the columns of the Bulletin.

The Editor.

PUT UP THE SCREENS!

Until the fly is exterminated, a reasonable amount of protection can be secured by screening the home. Now is the time to place your screens, a June fly is as dangerous as an August fly.

Dr. Samuel G. Dixon, Commissioner of Health of Pennsylvania, says about the fly:

"It is obvious that bacteria introduced from fly contact with food, or with the nipple of the nursing bottle, or food containing bacteria from other sources, are the likely causes of a large proportion of our annual death harvest among young children.

In the same manner in which the fly transmits the cause of intestinal disease it acts as a carrier for tuberculosis, diphtheria and of diseases of the eye, and possibly of infantile paralysis. It is true that these are probably far less frequently so carried. However, it is but necessary to recall how often flies are found feeding on sputum to realize the possibilities.

An observer in Massachusetts, after extensive work, concludes that flies ingest tubercular sputum and excrete tubercle bacilli, the virulence of which may last at least fifteen days, and that there is a real danger to human beings from the ingestion of such specks on food.

It has been shown experimentally that the cause of infantile paralysis is frequently found in nasal and throat discharges. This is, of course, true for diphtheria; and it requires no unusual vision to picture the mechanical transmission of disease-producing bacteria to the eye of the sleeping infant.

Probably in no other insect is there to be found the same combination of rapid reproduction, agility, speed and power to spread disease, coupled with a commonness which has led to almost total disregard. Obviously, one means to reduce infant as well as adult mortality is to reduce to exterminate, the common fly. It is no mean enemy, and work to be effectual not merely must begin early, but must be constant throughout every month in the year."

HEALTH EXHIBITS.

Connecticut is awake! Almost every community has it's group of citizens enthused and determined to make their community and the State desirable for residence in every respect.

Health and sanitation are first considered, for without these the most beautiful and industrious spot on earth is not desirable..

Can we help you to improve conditions in your locality—we are here for that purpose and are only too glad to assist?

We have for your use several health exhibits—now ready—as well as lantern slides, newspaper cuts, and some literature and circulars,—Later we shall have more to offer. Do not hesitate to ask!

THE YELLOW BAND.

Whooping Cough caused the death of 141 children in Connecticut last year—many more were maimed for life from the effects of this disease. One hundred and forty mothers are mourning the loss of their children from “only a child’s disease”.

Even physicians thoughtlessly advise parents to take their children affected with whooping cough to the mountains or seashore, and neglect to caution them about exposing other children. Summer time is coming—whooping cough will appear at the beaches and hotels and children *will* play together. Why not recommend that the child afflicted wear a yellow band on the arm as a notice and warning to others—it will protect some children and may save a life?

Trenton, N. J., and New London, Conn. have made the wearing of the yellow band compulsory in lieu of house quarantine, and find it acceptable to the people and more satisfactory in preventing the spread of the disease than the prolonged, partially observed quarantine of old.

DO YOU KNOW THAT

Light promotes cleanliness?

A clean mouth is essential to good health?

Physical training in childhood is the foundation of adult health?

Walking is the best exercise—and the cheapest?

Headache is Nature’s warning that the human machine is running badly?

Bullets may kill thousands—flies tens of thousands?

A little cough is frequently the warning signal of tuberculosis?

Bad teeth and bad tonsils may be the cause of rheumatism?

Unpasteurized milk frequently spreads disease?

The air—tight dwelling leads but to the grave?

Moderation in all things prolongs life?

The careless spitter is a public danger?

The U. S. Public Health Service issues publications on hygiene and sanitation for free distribution?

PERSISTENCE OF TYPHOID INFECTION IN ATTENDANTS ON TYPHOID CASES RENDERED IMMUNE BY VACCINE.

C. P. BOSTFORD, M.D., *Supt. of Health*, Hartford, Conn.

We are now acquainted with the diphtheria carrier who has never had the disease, but has become infected by contact with some one who is sick with it, and with the case with which diphtheria can be spread by such a person.

Similar carriers of typhoid are less frequently reported, perhaps because less often sought for. Two interesting cases of this type came to the notice of the Hartford Board of Health during the past year. Two children on adjacent farms were taken sick with typhoid during the first week in August. Each farm was sending milk to the city, and the most feasible way of protecting the milk supply in these cases seemed to be that of boarding the cows at another farm. This was done at once.

In one case however infection of the milk had already occurred, and sixty-one cases of the disease developed on this route in the next four weeks. The date being definitely fixed by one family in which two cases occurred, who had milk from this source on July 28th., only.

Both of the children were attended by the same physician who, immediately immunized all other members of the family with typhoid vaccine. The cases ran an uneventful course, and were well at the end of a month.

Before the cows were returned to the farms it was deemed best to make sure that all persons on the premises were free from infection. One family consisted of the father mother, and two other adults, and two children, on the second farm there were the parents, one other adult and two children. In each case the child who had been sick was still carrying typhoid, and both parents, who had taken turns in nursing the child, and the other child were also infected. The other adults who had come into less close contact with the sick children were entirely free.

The two children who had been sick cleared themselves of infection by the first of October. The other two children were free soon after that date, but all four parents remained carriers for a longer period, and it was not until December that they ceased to be infected.

The four adults had never had typhoid, and at no time had shown any symptoms of illness and the fact that they were infected was only shown by the examination of the stools.

These cases call to notice not only the protection offered by typhoid vaccine, but also the danger of spreading it through the infection of immune attendants.

A TOWN'S BEST ADVERTISING.

Press Article N. C. State Board of Health

"A town without flies is the best advertising a town can have," said a business man the other day. And when he was asked why he thought so, he replied: "There are several reasons. First, everybody knows that a town without flies is a clean town, a healthful town, where health matters receive due attention. You would expect to find in it clean streets and alleys, clean food shops and markets, and clean grocery stores and restaurants. It is where you would feel easy to sit down and eat without feeling suspicious about the food that is served you.

"In the second place, it is a town that has no filthy, fly-breeding stables and open surface closets. It takes care of its sewage and garbage and deems the health of its citizen:s worth protecting. For this reason you feel like such a town is a good place in which to live.

"In the third place, it would be a town practically free from typhoid fever, infantile diseases, cholera and other fly-borne diseases, to say nothing of other improved health conditions and the comforts brought about by cleanliness and the absence of flies."

"But how are you going to have a flyless town?" the speaker was asked. "By going after the stables first, said he," and then by cleaning up the rest of the town and keeping it clean. To afford flies no place to breed, is the only way not to have flies. Towns that have succeeded in controlling the fly menace went straight for the stables first and then for the open closets and other dirty places where flies find breeding-places. "There is no royal road to freedom from flies but **CLEAN UP** and **KEEP CLEAN** is the winning slogan."

"Preventive measures are better than corrective ones. Pasteurization can not atone for filth. Milk should be produced under clean conditions and kept clean and it will not then have to be purified. But we must guard against enemies as long as they exist. We would all like to do away with the necessity for armies and navies, but present conditions demand their maintenance. The same is true of harmful bacteria in milk; so long as the average market milk is apt to contain these insidious foes, the only protection we have is to destroy them with heat."—*M. J. Rosenau*.

Of the 2800 births in Connecticut during the month of February of this year, 645 were attended by midwives and 214 in hospitals.

REPORTING BY PHYSICIANS.

INFANTS HAVING DISEASED EYES: Section 2535 of the General Statutes reads as follows: "Should one or both eyes of an infant become inflamed or swollen, or reddened at any time within two weeks after its birth, the midwife, nurse, or attendant having charge of such infant, shall report in writing, within six hours, to the health officer or board of health of the city, town or borough in which the parents of the infant reside the fact that such inflammation, swelling, or redness of the eyes exist. Every person violating the provisions of this section shall be fined not more than two hundred dollars".

DISEASES OF A VENEREAL NATURE: Section 2534 of the General Statutes reads as follows: "Every physician shall report in writing every case of cholera, yellow fever, typhus fever, leprosy, smallpox, diphtheria, membranous croup, typhoid fever, scarlet fever, *diseases of a venereal nature*, or other contagious or infectious diseases occurring in his practice, to the health officer of the town, city or borough in which such case occurs, within twelve hours after his recognition of the disease, *provided in reporting any disease of a venereal nature the name of the patient suffering from the same shall not be disclosed*. Every person who shall violate any provision of this section shall be fined not more than twenty-five dollars."

The venereal diseases to be reported include: Syphilis in any stage, chancroid, and gonococcus infection of any kind (including gonococcus arthritis), irrespective of the possibility or degree of contagiousness of the disease at the time of diagnosis.

Reports of cases of venereal diseases are made solely for statistical purposes, without revealing the identity of the patients, and no attempts will be made by the local health authorities to follow up the individual cases.

PHYSICIANS ARE REQUESTED to include in their reports of cases a statement of the diagnosis (whether syphilis, chancroid or gonococcus infection) and of age, sex, date of birth, race, nationality, and social condition (whether single, married or widowed), with special care in giving the date of birth as this datum is the chief means of recognizing duplicate reports. Local health officers should keep all data on file.

The State Board of Health will examine specimens for diagnosis free. Outfits and directions for obtaining specimens can be obtained from the State Board of Health Laboratory, Middletown, Conn.

Folders on the personal care of venereal diseases will be furnished to physicians for distribution to their patients, and can be obtained free of charge from the State Board of Health.

LABORATORY REPORT—APRIL.

Prof. H. W. Conn, Director.

Bacteriological examinations and analyses.

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis.....	31	170	0	201
Diphtheria, release.....	16	44	0	60
Diphtheria, school-diagnosis.....	6	18	0	24
“ “ -release.....	20	44	0	64
Tuberculosis.....	35	113	0	148
Typhoid.....	9	27	0	36
Malaria.....	1	6	0	7
Rabies.....	2	1	0	3
Gonococcus.....	1	2	0	3
Meningococcus.....	1	1	0	2
Syphilis.....	68	216	41	325
Glanders.....	11	7	2	20
Milk samples examined (from 18 towns).....				216
Water samples analyzed (from 20 towns).....				25
Sewage and effluents examined.....				6
Oil samples tested.....				4
TOTAL laboratory operations during April.....				1144

VITAL STATISTICS.

Summary

Morbidity Reports. Measles is more or less prevalent throughout the State a total of 1692+ cases were reported as compared with 375 for April 1915.

Detail report of cases will be found on Pages 10 and 11.

Deaths, on Pages 12 and 13.

Mortality Reports.

Total Deaths for April.....	1765
Average for last five years.....	1604
Death rate, towns over 5000 population.....	17.9
“ “ “ less than 5000 “.....	14.5
“ “ Entire State (including institutions).....	17.3
Total deaths Communicable diseases.....	230
Per cent of total deaths.....	13.0

DEATHS BY MONTHS

1911	1912	1913	1914	1915	Months	1916
1760	1600	1614	1671	1525	January	2192
1556	1567	1547	1623	1463	February	1775
1692	1681	1704	1845	1803	March	1781
1679	1428	1507	1650	1753	April	1765

CASES—COMMUNICABLE DISEASES

REPORTED BY LOCAL HEALTH OFFICERS

APRIL 1916

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typoid Fever.	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases see Notes'	Other Diseases See "Notes"
STATE—TOTAL	1,238,723	17	1692+	179	197+	140	17	7	183	24	14
Over 50,000 inhabitants:											
New Haven.....	148,951	1	28	61	27	5			25		
Bridgeport.....	120,688	1	46	10	2	30	13	1	24	(a)-11	
Hartford.....	110,354		399	10	38	27			14	(b)-8	
Waterbury.....	86,342	2	86	7	1	19			21		
New Britain.....	53,344		253	3	22	6			10	(c)2	(d)2-
From 25,000 to 50,000 inhabitants:											
Stamford (city).....	30,622		35	1		1			5		(e)-8
Meriden (city).....	29,046		2			1			2		
Norwalk.....	26,778	1	1	3		1	1		5		
From 15,000 to 25,000 inhabitants:											
Danbury city.....	22,452	1	4	7	5	2			4		
Norwich (city).....	22,236			2					3		
New London.....	20,925	1	16	3		1			4		
Greenwich (town & boro).....	19,037		20	3		1			4		
Torrington (boro).....	18,000		+			5			2		
Ansonia.....	16,634			2					8		
Bristol (city & town).....	15,817		6	1	5				2		
Manchester.....	15,465		6	2					2	(f)-2	
From 10,000 to 15,000 inhabitants:											
Naugatuck.....	14,030	1	2	1		2			3		
Orange.....	13,838		94	2					1		
Middletown (city).....	13,208		12		1	2			6		
Willimantic (city).....	12,605		20+	1	10						
Wallingford (boro & town).....	12,446								1		
Enfield.....	11,531		3			2					
From 5,000 to 10,000 inhabitants:											
Derby.....	9,627								2		
Middletown (town).....	9,498		18			1			3		
Winchester.....	9,228	1	5	1		1			1		
East Hartford.....	9,177		18	3		1			1		
Rockville (city).....	8,391		45		2				1		
Norwich (town).....	8,131	2									
Plainfield.....	7,837		12+								
Stonington (town).....	7,556		5						5		
Putnam (city & town).....	7,240		39			1					
Fairfield.....	7,121		4				1	1	2		
Stratford.....	6,945		3	3		2					
Southington (town & boro).....	6,890		3	10	+				1		
Hamden.....	6,584		1	1	1				3		
Plymouth.....	6,336		+			2			1		
Branford (town & boro).....	6,251								1		
Shelton (boro).....	5,989	2									
West Hartford.....	5,781		36	1	13	2					
Seymour.....	5,533		1								
Glastonbury.....	5,117		25+	7		1					
From 2,000 to 5,000 inhabitants:											
Milford.....	4,715			1	7						
Windsor.....	4,516		25								
Darien.....	4,444		1	1	3						
Westport.....	4,404	3							1		
Watertown.....	4,300		32	5					1		
New Canaan (town & boro).....	4,085					2			1		
Stamford (town).....	4,211		1		13	1			1		
Windsor Locks.....	4,106					2					
Suffield.....	4,033		8								
Berlin.....	3,896		+								
Thompson.....	3,822			1	3	2					
Thomaston.....	3,672		24								
Farmington.....	3,566		5						1		
Salisbury.....	3,541					3					
Jewett City (boro).....	3,502				2	1					
East Windsor.....	3,484		3	5	+	4					
Danbury (town).....	3,466			1							
Wethersfield.....	3,454		2								
Ridgefield (town & boro).....	3,413				30+				2		

CASES—COMMUNICABLE DISEASES (Continued)

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Measles	Scarlet Fever	Whooping Cough	Diphtheria and croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases	Other Diseases See "Notes"
Killingly (town)	3,401		20	5		3			1		
Plainville	3,297		2								
Waterford	3,212		1								
Portland	3,167		7								
Cuifford (town & boro)	3,130			4							
Litchfield (town & boro)	2,879		70 +								
Essex	2,874										
Newtown (town & boro)	2,854										
Simsbury	2,802		17						2		
Canton	2,764		4						1		(g)-4
East Hampton	2,461		++						1		
North Canaan	2,391		1			1					
Stafford (town)	2,376		1						1		
North Haven	2,308								3		
East Haven	2,171			1	3				1		
Ellington	2,101		5 +								
Newington	2,077		6								
Bloomfield	2,005		6								
Groton (boro est.)	2,000										
Under 2,000 inhabitants:											
Stonington (boro)	1,966		1								
East Lyme	1,964								1		
Haddam	1,924								1		
Woodbury	1,784						2				
Wilton	1,770	1	1	1	4	1					
Redding	1,731		2								
Washington	1,704							1			
Woodstock	1,702		16								
Trumbull	1,675				1						
Coventry	1,591		2								
Harwinton	1,576		1								
Old Saybrook	1,566		16								
Brooklyn	1,558		1					1			
Madison	1,543		36								
Norfolk	1,498		4								
Windham (town)	1,478			1							
Chester	1,473		28							(h)-1	
Granby	1,433		4								
Burlington	1,379				1						
New Hartford	1,376		3	2							
Avon	1,358		8								
Sterling	1,327					1					
Rocky Hill	1,283		2			1					
Willington	1,248		1								
Clinton	1,181			1							
Colchester (town)	1,179		10								
Griswold (town)	1,177		1								
Middlefield	1,150		1		2						
Huntington (town)	1,146										
Brookfield	1,134							2			
Easton	1,107		3		1						
Kent	1,064							1			
Durham	1,064				++						
Vernon	1,059		3						1		
Westbrook	991										
Ledyard	985		1								
Monroe	978								1		
Cornwall	921		12								
Woodbridge	893				1				1		
East Granby	864		3								
Weston	826		1								
Hebron	821		9								
Morris	768			5							
Canaan	632		5								
Goshen	579		9								
Hampton	556		3								
Bethlehem	535		8								
Eastford	507		3								
Salem	428		4								

Note—(a) gonorrhoea 8; syphilis 3; (b) gonorrhoea 5; syphilis 3; (c) gonorrhoea 2;
 (d) glanders 2; (e) chicken pox 8; mumps 9; (f) gonorrhoea 1; syphilis 1;
 (g) chicken pox 4; (h) gonorrhoea 1;

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Line Number.	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1915.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, April 1915.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut.	1,223,583	3,062	129	695	1,765	17.3	16.7	295	128	489
2	Ansonia	16,454	69	..	10	12	8.7	15.2	6	1	3
3	Branford	6,226	15	1	1	5	9.6	9.5	1	..	1
4	Bridgeport	118,434	439	10	120	218	21.0	16.3	37	22	38
5	Bristol	15,536	42	3	8	12	9.2	9.2	1	1	4
6	Danbury	25,627	47	2	12	20	7.0	14.9	1	2	7
7	Derby	9,548	37	2	5	18	15.0	13.7	4	1	3
8	East Hartford	9,050	18	1	5	15	19.8	13.2	2	..	3
9	Enfield	11,312	35	2	7	16	16.9	7.3	6	2	4
10	Fairfield	7,001	20	2	2	10	17.1	13.7	3	..	2
11	Glastonbury	5,078	11	..	1	6	14.1	7.0	2	1	..
12	Greenwich	18,724	35	4	10	23	14.7	12.7	6	1	8
13	Groton	6,476	5	1	..	13	23.0	22.9	3	..	6
14	Hamden	6,494	11	1	3	9	14.7	16.5	..	1	2
15	Hartford	108,969	322	10	85	202	17.8	14.4	44	25	35
16	Huntington	7,058	22	..	2	15	13.6	16.9	..	..	13
17	Killingly	6,420	17	..	3	9	16.8	31.8	4	..	2
18	Manchester	15,243	29	3	5	16	12.5	12.5	1	1	5
19	Meriden	33,842	67	4	6	42	12.4	17.3	3	2	12
20	Middletown	22,468	36	2	14	55	17.0	8.5	6	1	18
21	Naugatuck	13,872	36	1	6	10	8.6	11.2	4	1	1
22	New Britain	52,203	176	13	27	57	13.1	10.2	14	6	7
23	New Haven	147,095	462	21	104	246	18.1	16.9	33	19	65
24	New London	20,771	71	..	17	51	25.4	16.1	4	7	14
25	New Milford	5,118	11	..	..	4	9.3	25.7	2	..	1
26	Norwalk	26,466	50	1	7	35	15.8	13.1	8	2	9
27	Norwich	29,225	66	1	19	49	16.4	21.0	1	2	16
28	Orange	13,527	28	1	6	15	12.4	10.5	2	..	8
29	Plainfield	7,719	16	2	4	6	7.7	15.4	2	..	1
30	Plymouth	6,177	14	..	1	4	7.7	15.4	..	..	1
31	Putnam	7,245	19	1	5	7	9.9	19.8	2	..	1
32	Seymour	5,442	19	..	2	6	13.2	24.1	2	..	2
33	Southington	6,836	17	1	4	3	5.2	17.4	..	..	2
34	Stanford	5,726	9	..	2	6	12.5	25.0	1	..	2
35	Stamford	34,107	83	5	26	54	17.5	13.6	12	3	14
36	Stonington	9,477	10	1	5	15	17.8	11.3	..	2	4
37	Straford	6,796	25	3	3	8	14.0	15.7	1	..	2
38	Torrington	19,153	47	2	11	26	16.2	8.1	4	6	6
39	Vernon	9,405	8	1	8	19	24.2	5.0	2	..	9
40	Wallington	12,290	17	..	6	7	6.8	12.6	1	..	1
41	Waterbury	84,745	229	10	54	106	15.0	13.9	29	5	16
42	West Hartford	5,663	13	..	2	10	19.0	21.0	4	2	3
43	Winchester	9,161	21	1	3	17	15.7	11.7	2	3	5
44	Windham	13,904	32	3	5	20	16.3	18.0	1	2	4
Total of above towns . . .		1,002,383	2,756	116	626	1,497	17.9	16.2	261	121	360
Towns of less than 5,000..		221,200	306	13	69	268	14.5	14.1	34	7	129

Non-residence deaths in public Institutions are not included in the death rates of the towns.

HEALTH FOR THE MONTH OF APRIL, 1916

FOR MARCH, 1916.

DEATHS FROM IMPORTANT CAUSES.														EXTERNAL CAUSES.						
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Form of Tuberculosis	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 21.	Accident.	Suicide.	Homicide.	Deaths in Institutions.	Deaths of Non-residents.	Line Number.
6	1		22	3	21	12	24	139	26	87	3		281	23	92	15	2	498	195	
..	1	..	..	..	..	2	..	2	..	2	..	..	2	3	..	..	..	..	..	..
1	11	5	6	2	..	59	3	11	8	..	84	10	..
1	1	..	1	..	..	2	..	4	..	..	9	5	..
..	1	..	..	..	2	1	..	..	..	2	1	3	..	..	6	6	..
..	1	..	..	1	1	..	..	..	..	1	1	1	..	..	..	..	..
..	1	..	..	..	..	1	1	2	..	..	..	..	..
..	1	1	2	..	..	1	1	1	..	..	9	..	10
..	1	1	1	..	..	1	1	..	..	..	..	..	11
1	..	14	..	2	3	1	8	6	4	8	..	..	40	4	9	3	..	101	40	12
..	1	..	..	..	..	1	..	..	1	..	1	..	..	6	7	13
..	1	..	..	..	1	..	1	10	..	3	..	..	5	1	1	..	..	..	..	14
..	1	..	2	8	1	1	..	..	3	..	2	..	..	10	7	15
..	4	2	2	1	5	6	4	19	..	..	11	1	4	..	..	32	23	16
..	3	..	1	3	..	6	..	..	38	1	14	2	2	91	23	17
..	1	3	..	6	..	..	9	..	3	..	..	19	7	18
..	1	..	1	2	1	2	..	..	5	1	1	..	..	3	..	19
..	1	12	2	2	..	..	3	1	2	..	..	21	9	20
..	1	..	..	1	1	1	..	..	1	..	1	..	..	2	1	21
..	3	..	..	..	..	..	..	22
..	2	5	1	3	..	..	1	..	1	..	..	..	..	23
..	1	1	2	..	..	10	1	5	..	..	12	4	24
..	1	..	1	2	..	2	..	..	..	..	3	..	1	..	..	..	1	25
..	1	..	..	4	..	2	..	..	2	..	2	..	..	..	..	26
..	1	..	..	3	..	1	..	..	..	1	..	..	..	..	..	27
1	1	..	..	9	2	3	..	..	15	1	7	..	..	1	..	28
1	1	..	..	..	..	1	..	1	..	..	2	1	3	..	..	3	1	29
5	1	20	2	2	21	12	15	122	26	74	2	..	246	21	86	13	2	9	1	30
1	..	2	1	1	..	..	9	17	..	13	1	..	35	2	6	2	..	40	42	41

TO REGISTRARS AND PHYSICIANS.

The registrar of Voluntown has neglected to report to this office for the month of April; as required by law.

SPECIAL NOTICE.

Incomplete certificates of births and deaths are all too common. Registrars are reminded that it is their duty to demand full information on all certificates. The name of any physician or undertaker refusing to comply with a request of the local registrar for complete certificates should be sent to this office.

Simply the name of the town in which a birth or death occurs is not sufficient. If the street number is not obtainable the locality or village should be specified in addition to the name of the town. Where births occur in institutions or hospitals the street number or locality of the residence of the father should accompany the name of the town in which he resides.

MONTHLY METEOROLOGICAL SUMMARY

Hartford, Connecticut, For April, 1916

MONTHLY SUNSHINE RECORD

Number of hours actual sunshine 166.4-Number of hours possible 401.4

Percentage of possible sunshine 41%

WEATHER.

Number of days, clear.....	6
Partly cloudy.....	9
Cloudy.....	17
On which. 01 inch, or more, occurred	13

PRECIPITATION.

Total this month.....	2.93
Total snowfall.....	3.3
Greatest precipitation in 24 hours, date.....	0.98
Snow on ground end on month.....	0.0
Normal for this month.....	3.57
Deficiency of this month as compared with the normal.....	0.64
Accumulated deficiency since Jan. 1 ..	2.81
1905-2.57 1906-3.58 1907-3.21 1908-2.36	
1909-7.21 1910-3.15 1911-3.18 1912-3.93	
1913-4.62 1914-3.84 1915-1.58 1916-2.93	

ATMOSPHERIC PRESSURE.

(Reduced to sea level; inches and hundredths.)
 Mean highest Mean..29.92 30.29..date 16
 Lowest..... 29.34....date 14....
 Mean monthly relative humidity.....69%

TEMPERATURE.

Highest..73; date 30th; lowest 31;.. date 9th
 Greatest daily range 34.....date 16th
 Least daily range 4;.....date 4th
 Mean highest...53.9; lowest..... 37.9

Mean for this Month in

1905-48	1906-48	1907-43	1908-48	1909-47
1910-52	1911-46	1912-47	1913-50	1914-45
1915-52	1916-46			
Mean for this month.....	45.9			
Normal for this month.....	46.7			
Absolute maximum for this month for 12 years.....	90			
Absolute minimum for this month for 12 years.....	21			
Average daily deficiency this month as compared with the normal.....	0.8			
Accumulated deficiency since Jan 1..	113			
Average daily deficiency since Jan. 1.	0.9			

WIND

Prevailing direction..... N. W.
 Total movement.....6134 miles
 Average hourly velocity..... 85
 Maximum velocity (in five minutes)... 33
 miles per hour, from N. W. on 18th.

WILLIAM W. NEIFERT, METEOROLOGIST.

HELP WANTED!

To Make Our Homes Safe and Sanitary.

To Make Our Town Healthy and Prosperous.

Have You

A dirty back yard?
An uncovered garbage pail?
Chicken coops needing care?
Open or broken sink drain?
A neglected privy?
A fly-breeding manure heap?
Or an unprotected well?

Look around and see if there is not Something for you to do!

Protect your family from Disease and Discomfort.
Make your home more Pleasant and Beautiful.
Be a good Neighbor and a good Citizen.

CONN. STATE BOARD OF HEALTH

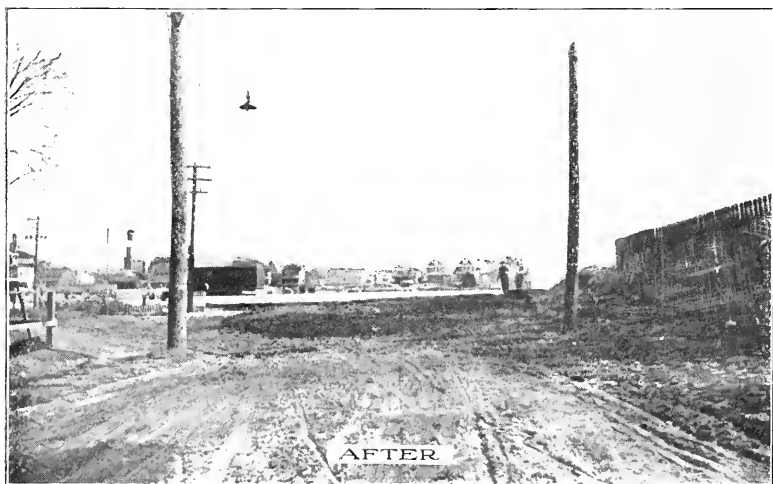
Health Officer.

Samples of this poster were sent to every town health officer in the state. Additional copies may be had on request.



A Good Report

This unsightly fly and mosquito breeding dump was attacked by "clean up" workers with the result as shown below. The report says "3 days and \$28.,"—time and money well spent.



Monthly Bulletin

Connecticut

State Board of Health



JUNE 1916



SEWAGE DISPOSAL — See page 3

Connecticut State Board of Health

MEMBERSHIP of the Board

EDWARD K. ROOT, M. D., President,	<i>Hartford</i>
ALBERT W. PHILLIPS, M. D.,	<i>Derby</i>
LEWIS SPERRY, Attorney at Law,	<i>South Windsor</i>
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J. FREDERICK JACKSON, Ph. B.,	<i>Hamden</i>
JOHN T. BLACK, M. D., Secretary,	<i>New London</i>

Organization

Bureau of Administration	<i>State Capitol</i>	<i>Hartford</i>
John T. Black, M. D.,	<i>Secretary-Executive Officer</i>	
Bureau of Vital Statistics	<i>State Capitol</i>	<i>Hartford</i>
John T. Black, M. D.,	<i>Superintendent</i>	
Bureau of Laboratories		<i>Middletown</i>
Herbert W. Conn. Ph. D.,	<i>Director.</i>	
Bureau of Sanitary Engineering		<i>New Haven</i>
J. Frederick Jackson, Ph. B.,	<i>In Charge</i>	
Bureau of Biologic Products*	<i>State Capitol,</i>	<i>Hartford</i>
Bureau of Medical Inspection*	"	"
Bureau of Medical Registration*	"	"
Bureau of Publications and Education*	"	"

*Organization not complete—in charge of the Executive Secretary.

Address all communication to the Secretary, *Hartford, Conn.*

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MONTHLY BULLETIN

Connecticut State Board of Health

All communications should be addressed to the Secretary—Hartford, Conn.

Entered as Second Class Matter at the Post Office at Hartford, Conn.

New Series, Vol. III, No. 5 HARTFORD, MAY, 1916 Full Series, Vol. XXX, No. 5

HEALTH OFFICERS — ATTENTION !

The Eighth Sanitary Conference of the Health Officials of Connecticut will be held at Scott Laboratory Building, Wesleyan University, Middletown, on June 30th.

Every health officer should feel it his duty to attend this Conference. Wesleyan University is the home of the State Board of Health Laboratory, come and get acquainted with **YOUR** laboratory and its methods. An interesting program has been arranged. Prof. Conn. Director of the Laboratory, Prof. Bartlett, of Yale, and Dr. Wolfe, of the Hartford City Board of Health Laboratory will address us. Demonstrations and talks on laboratory methods and findings will add to the program. And remember, this is a conference, come prepared to take part in the discussions. Middletown is a beautiful spot — train service is good and the roads are fine — take a day off for pleasure and profit.

FRIDAY, JUNE 30TH.

SEWAGE DISPOSAL.

Our frontpiece is merely a suggestion. It shows the disposal of sewages 40 feet under the surface at the point marked (X), which is 900 feet from shore. It is more satisfactory than many methods and less than some others.

How is sewage being disposed of in your town? Are the water courses in your vicinity being polluted? Have you read Sec. 4 of Chap. 284 of Public Acts of 1915, which places upon mayors, selectmen, burgesses, committeemen of fire districts and health officers the duty of reporting to the State Board of Health any existing or **threatened** pollution of waters within their respective jurisdictions? Sewage is defined by this act to mean "human and animal excretions and all domestic and such manufacturing wastes as may tend to the detriment of public health."

Keep your eyes open and help to prevent our waterways from being transformed into open sewers!

BE PREPARED — JULY FOURTH.

The necessity of being prepared carries with it the assumption that danger lurks about. Considering the present method of celebrating our Glorious Fourth this assumption is not far wrong and preparedness is necessary.

The original method of celebrating the natal day of our county was by firing salutes with cannon manned by soldiers. This has evolved into a noise-making custom in which every conceivable method is employed for making a noise, regardless of life, limb or property.

The terrible toll of this method of celebration has at last been recognized and many communities, heeding the cry for a safe and sane Fourth, have adopted restrictive ordinances. The effect of these ordinances is shown by statistics. In 1903, four hundred and sixty-six people were killed by fire works on the Fourth of July. In 1915, but thirty lost their lives.

It behooves every city and town in the State of Connecticut to see that their fire works ordinances or regulations are strictly observed, or if no such regulations exist, to adopt restrictive measures at once. Even the record of thirty dead and eleven hundred and thirty-five injured is far too great a loss when it is preventable and unnecessary.

While it is admitted that the great reduction in Fourth of July injuries is attributable, to a great extent, to the restriction of the sale of fire works, fatal injuries have shown a much greater decrease than have the non-fatal injuries. Here is where the tetanus antitoxin has done its good work. Many cases of tetanus resulted from gunshot wounds and before the introduction of tetanus antitoxin, every case of tetanus was considered fatal. Not only is the disease modified by antitoxin but those injured can be fortified against tetanus (or lockjaw) infection by the immediate introduction of a prophylactic dose. Before the introduction of tetanus antitoxin, very simple gunshot wounds sometimes resulted in death because of lockjaw infection. Now, by using antitoxin early, that is soon after the injury, infection by tetanus can be avoided, tetanus infection being a subsequent infection.

Fortunately, the use of antitoxin has become almost universal throughout the larger cities, with the result of very few deaths from tetanus.

The State Board of Health furnishes tetanus antitoxin free to any citizen of Connecticut through the local health officers. It is therefore possible for those in rural districts, as well as in the city, to avail themselves of this protective measure, and we urgently recommend its use in all cases of powder or gunshot wounds this coming Fourth. Every health officer in towns where fire works are not restricted should have a supply of tetanus antitoxin on hand. Be prepared to meet this danger, if not by legal restriction, then by securing scientific treatment of those injured.

VACATIONISTS.

Vacations are not merely jollification periods. They are primarily intended for rest or recuperation of the tired body and mind. Good health and efficiency can only be maintained by keeping body and mind strong and vigorous.

Vacations are necessary for all — it may be a vacation of an hour a day or one of a month at the seashore or mountains — but all should vacate their routine labors sufficiently long to retain good health. If “all work and no play makes Jack a dull boy” — all work and no play makes Dad easy prey — for germs and disease.

GET A TAN — NOT A PALLOR.

Do not forget that instead of returning home from your vacation with a healthy tan you may by carelessness or negligence return with a typhoid pallor! Drink only water that you are sure is not contaminated — if the least doubt exists, boil the water before drinking. Do not stay at any hotel, boarding house or farm house that tolerates flies or dirty and unsanitary surroundings.

DISINFECTION.

T. J. Kilmartin, M. D. City Health Officer,. Waterbury, Conn

Disinfection or the destruction of pathogenic micro-organisms is the most potent factor in the prevention of communicable disease.

We are all aware that in nature many forces are constantly at work to destroy infection, and limit the spread of communicable disease. It is here that we find the natural disinfecting agencies, sunlight, dryness, dilution and that putrefaction and fermentation which is found in organic life and which has been termed symbiosis. It is this knowledge of the destructive effect of sunlight and dryness upon pathogenic life that accounts in a greater degree than anything else for the accepted belief of many sanitarian that fumigation as commonly practised in our own cities is a delusion and a needless expense.

The attitude that cleanliness (biologic rather than esthetic) which results in the removal of organic matter, the destruction of insects and vermin and their feeding and breeding places, the care of the person, combined with sunlight and dryness used in every available way, is being accepted in many of our communities as the last word in health efficiency in the consideration of preventive medicine. Many of our health officials however are not yet ready to admit the total uselessness of terminal fumigation and do not approve of the

conclusiveness of this advance guard who decry the use of Formaldehyde and other chemicals used in a general way. While the efficaciousness of natural forces are realized by all and the fact admitted that nature's disinfecting agencies are most potent we are confronted with conditions in houses where the utilization of these agencies is practically impossible and some method must be at hand for supplying the needed destructive material.

It is for this reason that fumigation is still a part of the system of prevention in use by health boards of many of our cities and I believe its value is decreased not because it is wrong in principle but rather because it is done in a perfunctory manner by employees who have no knowledge, either of its chemical action or the peculiarities of the germs it is intended to destroy.

It must not be overlooked that the proper place to begin to destroy infection is at its seat of origin. Prevention will render broadcast disinfection unnecessary. Man himself is the producer of most of the infection to which he is heir. Hence the most effective place to apply disinfectants is at the bedside and to the excretions especially those from the mouth, nose and bowels. Proper precautionary measures at the bedside of a tubercular or typhoid patient may be all that is necessary, but when these are neglected or partly done, general disinfection is necessary.

The disinfection of a place (I now refer to terminal disinfection) cannot be properly performed by one unfamiliar with chemicals and diseased conditions. Rosenau says, "It is quite as important to know what to disinfect as how to disinfect and when to disinfect." The success of the performance lies in the close personal attention to minute details. The same care in the selection of materials, the strength of solutions, and mode of application should be exercised as the surgeon in his preparation for aseptic operating.

I believe every disinfection of a house should be controlled by exposing therein cultures of the bacillus prodigiosus as a guide to the thoroughness of the process. Sunlight is an active germicide and should be utilized whenever possible. Burning or fire has a limited range of usefulness. Dry and moist heat are useful in sterilizing small objects. Steam is the most satisfactory agent we possess. It is applicable to the disinfecting of bedding, clothing and fabrics of all kinds. I believe a public, well conducted steam sterilizing plant would be a blessing to any community.

For terminal disinfection gas is the ideal weapon and formaldehyde is the most generally useful and best adapted for disinfecting purposes that we possess. Used with a certain amount of heat and moisture successful results are possible. A concentrated volume of formaldehyde gas kills bacteria instantly and will destroy spores with possible exceptions of tetanus and anthrax. It is not harmful to fabrics or furnishings and does not destroy the higher forms of animal life. I believe the combination of permangantes and formal is the best suited for disinfection as required in our municipalities.

The spray method while useful in small inclosures is not satisfactory for use in larger rooms.

The various chemical agents are a valuable adjunct to the fumigation process. Used in connection with a thorough mechanical cleaning they go far toward producing the desired results.

In conclusion I believe the greatest preventative in the spread of communicable disease is personal cleanliness. The next in importance is the destruction at the bedside of the carriers of infection, that is, the secretions of the nose, mouth and bowels. Sunlight and fresh air are indispensable. Mechanical cleansing of all infected areas is a necessary requisite. Live steam is best adapted for fomites requiring penetration. Lastly, a thorough terminal fumigation with formaldehyde gas will prove valuable in limiting the spread of communicable diseases, and until such time as we have more positive evidence of its uselessness, it should not be discarded.

The expense cannot be considered as an argument. A city of 90,000 people will not require \$300 worth of fumigating material yearly, which means an expense of one-third of a cent per capital. In other words, a man living sixty years would have contributed during his lifetime twenty cents as his share toward terminal disinfection. Until such time as all our homes are accessible to sunlight and fresh air and are presided over by persons sufficiently intelligent to carry out successfully bedside disinfection, I shall believe in the necessity of a general terminal fumigation.

TO OWNERS OF HORSES AND CATTLE.

From Monthly Report, New Britain.

Authorities agree that at least 95% of all house flies breed in manure. Everyone interested in medical matters agrees that flies are carriers of germs of such diseases as typhoid fever, consumption, dysentery, and other intestinal diseases.

Mr. Barn-owner, the above statements are being proven hard and fast facts, and YOU are responsible in a very large measure for the fly nuisance and the health of your community unless you do your part in ridding your stable and place of all manure and refuse.

The law covers the removal of stable refuse, and it is YOUR duty to enforce the law yourself and not expect an officer of the law to do so for you.

That you may have no fear of the fly as a carrier of disease is poor consolation to the mother whose child lies dead of some fly-borne disease. The time is coming, and not so very far distant, when the people will look upon the careless barn or stable owner with as much fear as they now look upon a drunken man going through their neighborhood flourishing a loaded revolver.

RUMMAGE SALES.

Bulletin of the Department of Health, Newark, N. J.

The question as to how your clothes or other wearing apparel may act as disseminators of disease has recently come up for discussion. Trillat has lately shown that various pathogenic bacteria will live and grow upon clothing, provided there is sufficient moisture present.

The evaporation derived from the human body may be sufficient for this purpose, so that in this way such bacteria may be able to maintain themselves and propagate for a long period. Provided that such conditions are present, the heat of the body acts as a natural incubator. On the other

hand, investigations show that exposure to direct sunlight speedily kills off all but the most resistant bacteria situated upon the surface of such material.

As a result of these observations it is logical to suppose that clothing soiled with organic food matter or albuminous secretions of the human body may well become a serious menace to health persons who subsequently use such infected clothing without disinfection.

Calmett long ago pointed out the dangers of wearing apparel soiled by careless tuberculous patients. The sputum of such patients in many cases is loaded with the specific bacilli, many of which may survive adverse conditions of dry and cold, to readily infect a healthy person.

In this respect rummage sales are a particularly undesirable form of charity. From the article exposed for sale may readily come cases of contagious disease, and many articles are verminous, especially old hats, bedding and padded goods.

In order to protect the public from any possible danger in the purchase of second-hand clothing or wearing apparel, the Newark Board of Health has recently passed an ordinance entitled "An Ordinance Regulating Rummage Sales and the Sale of Second-Hand Wearing Apparel or Bed Clothing," requiring a permit to be obtained before any rummage sale can be held.

It is further required that all second-hand clothing or wearing apparel be disinfected to the satisfaction of the Board before offering or exposing it for sale.

IT COSTS LITTLE TO LIVE A HEALTHY LIFE.

By Irving Fisher.

Some people think they cannot live healthy lives unless they are rich. This is wrong. It is true that rich people can do some things for their health that others cannot, but many rich people live unhealthy lives because they buy things which are not good for them. You may not be able to have the kind of a house you would like to live in. You may not be able to work in the factory or store you would like. You may not be able to do the kind of work you would like best, but you CAN make all these things healthier.

You can keep more windows open in your home; you can often get the "boss" to keep more windows open in the factory or store; you may be able to move farther out of the city where it cost no more to live; you may be able to get another job.

Even if you cannot do these things, you can do others that cost nothing. It cost you nothing to have your windows open while you sleep. It cost you nothing to take breathing exercises or to stand, sit and walk erect. It costs you nothing to have your bowels move thoroughly and often.

Almost all of us can take enough time to eat our meals slowly. The foods that make us most healthy are often the cheapest foods. Expensive foods like meats, are apt to be less healthful.

Remember that we can enjoy cheap food and grow healthy from eating it. Here is the list of foods in which the cheapest are given first and the dearest last: Glucose, corn-meal, wheat flour, oatmeal, sugar, salt pork, rice, wheat bread, oleomargarine, beans, peas, potatoes, butter, milk, cheese, beef stew, ham, mutton chops, beef, eggs, oyster.

LABORATORY REPORT — MAY.

Prof. H. W. Conn, Director.

Bacteriological examinations and analysis.

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis.....	23	129	1	153
Diphtheria, release.....	23	30	—	53
Tuberculosis.....	30	143	—	173
Typhoid.....	13	47	—	60
Syphilis.....	57	187	13	257
Malaria.....	4	9	—	13
Glanders.....	4	7	3	14
Gonococcus.....	—	2	1	3
Contagious Abortion.....	2	1	1	4
Rabies.....	1	—	—	1
Examination of Urine.....	1	—	—	1
Vincent's Angina.....	—	1	—	1
Examination of Ice Cream.....				1
Milk Samples examined (from 31 towns).....				354
Water samples analyzed (from 36 towns).....				48
Samples of Ice examined.....				1
Sewage and effluents examined.....				12
Oil samples tested.....				3
TOTAL Laboratory operations during May.....				1144

VITAL STATISTICS — SUMMARY.

Morbidity Reports — May. While over 2000 cases of measles were reported, there were probably a thousand more un-reported as the disease was epidemic throughout the state.

Seventeen cases of Typhoid fever in May were reported — a rate of 1.37 per 100,000 population.

A full tabulation of communicable disease reported will be found on the following page; cities, boroughs and towns being arranged by population. Towns not mentioned reported as free from communicable diseases except Kent, Cornwall, Bantam and Morris, whose health officers failed to make a report

Mortality Reports. — May.

Total deaths for May.....	1664	Death rate.....	16.3
Death rate, towns over 5000.....	16.8	Under 5000.....	13.8
Average death rate for May for last 5 years.....			14.7
Annual death rate, 1915.....			14.9
Deaths from communicable diseases.....			204
Per cent of total deaths.....			12.2
Deaths under one year.....	288	Rate per thousand births	106

CASES—COMMUNICABLE DISEASES

REPORTED BY LOCAL HEALTH OFFICERS

MAY 1916

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases see "Notes"	Other Diseases See "Notes"
STATE—TOTAL	1,238,723	17	2074+	109	156+	139	13	1	197	62	18
Over 50,000 inhabitants:											
New Haven.....	148,951	2	34	24	16	5	1	36			
Bridgeport.....	120,688	1	54	10	1	28	6	27		G21-s2	
Hartford.....	110,354	1	143	8	31	23	5	29		G17-s8	
Waterbury.....	86,342	4	191	4	6	21		17			
New Britain.....	53,344	1	65	5	2	4		8			
From 25,000 to 50,000 inhabitants:											
Stamford (city).....	30,622		190	2	3	8		6			C5-M7
Meriden (city).....	29,046		5+	2		1					
Norwalk.....	26,778		14	2				3			
From 15,000 to 25,000 inhabitants:											
Danbury (city).....	22,452			9		2		2			
Norwich (city).....	22,236			2				2		G4	
New London.....	20,925		170	2	12	6					
Greenwich (town & boro).....	19,037		5	4	8	2		3			
Ansonia.....	16,634		4								
Bristol (city & town).....	15,817		8	2	6	2		3			
Manchester.....	15,465		16					1			
From 10,000 to 15,000 inhabitants:											
Naugatuck.....	14,030		4		2	2					
Orange.....	13,838		115			2		1			
Middletown (city).....	13,208		65		1			3			
Willimantic (city).....	12,605		20+	1				2			
Wallingford (boro & town).....	12,446		1	2							
Enfield.....	11,531		13			1		1			
From 5,000 to 10,000 inhabitants:											
Derby.....	9,627					1				G1	
Middletown (town).....	9,498		100		3	1		4			
Winchester.....	9,228		28	4		3					
East Hartford.....	9,177					1					
Rockville (city).....	8,391		15					2			
Stonington (town).....	7,556		26								
Putnam (city & town).....	7,240		7					2			
Fairfield.....	7,121		2	2		1		2			
Stratford.....	6,945	1	8					1			
Southington (town & boro).....	6,890		1	4		3		1			
Hamden.....	6,584		3			1					X3
Plymouth.....	6,336		++	1	1	1		2			
Branford (town & boro).....	6,251							1			
Shelton (boro).....	5,989			1							
West Hartford.....	5,781		5		1						
Seymour.....	5,533		4		1			4			
New Milford.....	5,133		1					1			
Glastonbury.....	5,117		6	2							
Meriden.....	5,042		2	1							
From 2,000 to 5,000 inhabitants:											
Groton (town).....	4,814		20+		4						
Milford.....	4,715		4		9			1			
Windsor.....	4,516					1					
Darien.....	4,444		2		12	2					
Westport.....	4,404		2					1			
Watertown.....	4,300		32	2						G1	
Stamford (town).....	4,211		1		5						
New Canaan (town & boro).....	4,085		++		1						
Bethel.....	4,071					1					
Suffield.....	4,033	1	30+								
Berlin.....	3,896			1				2			
Thompson.....	3,822		5	1				1			
Thomaston.....	3,672		35+								
Farmington.....	3,566		4					1			
Salisbury.....	3,541		1		++						
Danbury (town).....	3,466			1		1					
Wethersfield.....	3,454							1			
Ridgefield (town & boro).....	3,413		1		6						
Stafford Springs (boro).....	3,418		6								
Killingly (town).....	3,401		50+	3		1		1		G1	
Plainville.....	3,297		2								
Sprague.....	3,278							1			
Waterford.....	3,212		3					2			

Torrington reports late — Scarlet-3, Tuberculosis-2.

CASES—COMMUNICABLE DISEASES (Continued)

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Measles	Scarlet Fever	Whooping Cough	Diphtheria and croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases	Other Diseases See "Notes"
Portland	3,167		30						1		
Guifford (town & boro)	3,130		1	2	6						
Montville	3,049		2								
Danielson (boro)	3,000		40 +			2			1		
Litchfield (town & boro)	2,879		2			4					
Essex	2,874		4								
Newtown (town & boro)	2,854		2								
Simsbury	2,802		35								
Canton	2,764		1								c2
North Canaan	2,391		1		2						
East Haddam	2,385		+	+							
Stafford (town)	2,376		7	2							
North Haven	2,308		1		3						
East Haven	2,171	1	87			1					
Ellington	2,101										
Newington	2,077		1								
Saybrook	2,070		24								
Pomfret	2,013		3						1		
Bloomfield	2,005		2								
Groton (boro est.)	2,000										
Under 2,000 inhabitants:											
Cheshire	1,988		1								
Stonington (boro)	1,966		1								
Haddam	1,924		1								
Sharon	1,819		9						1		
Wilton	1,770	2	7	1	8						
Redding	1,731		1								
Washington	1,704					1					
Somers	1,689		1			1					
Trumbull	1,675			1							
Coventry	1,591		16 +								
Harwinton	1,576		6								
Old Saybrook	1,566		30 +								s1
Brooklyn	1,558		10 +								
Madison	1,543		32		3						c1
Lebanon	1,517		3								
Norfolk	1,498		2								
Beacon Falls	1,482		1								
Windham (town)	1,478		11						1		
Chester	1,473		47								G1
Granby	1,433		+	+							
Preston	1,383		6						14		
Burlington	1,379		8		1	1			1		
New Hartford	1,376		4								
Avon	1,358		2								
Willington	1,248		8		2						
Southbury	1,230		2								
Old Lyme	1,181		1				1				G2
Tolland	1,180		11 +			1			1		
Colchester (town)	1,179		1								
Griswold (town)	1,177	2									
Brookfield	1,134								2		
Oxford	1,060		1								
Colchester (boro)	1,050		3								G1
North Stonnington	1,016		9								
Monroe	978	1	1								
Barkhamsted	865			1							
East Granby	864		22								
North Branford	844				+	+					
Weston	826		2								
Hebron	821		4								G1
Roxbury	687		3								
Columbia	641		3								
Canaan	632		+	+							
Ashford	615		1								
Goshen	579		14								s1
Hampton	556		2								
Bethlehem	535		1								
Sherman	516		14								
Scotland	468				+	+					
Salem	428		3								
Chaplin	379		1								
Union	259		2								

Note—(G) gonorrhoea; (S) syphilis; (C) chicken pox; (M) mumps; (X) septic sore throat

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Line Number.	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1915.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, May 1915.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut.	1,223,583	2,867	96	739	1,664	16.3	13.7	288	115	421
2	Ansonia.....	16,454	39	..	6	21	15.3	5.8	8	..	6
3	Branford.....	6,226	7	..	2	8	15.4	13.4	..	1	2
4	Bridgeport.....	118,434	372	12	108	206	20.0	14.2	42	17	30
5	Bristol.....	15,536	28	1	8	14	10.8	9.9	6	1	..
6	Danbury.....	25,627	48	1	17	33	12.6	6.0	5	1	9
7	Derby.....	9,548	38	1	6	18	16.3	17.5	1	1	4
8	East Hartford....	9,050	10	1	4	12	13.2	6.6	1	..	4
9	Enfield.....	11,312	43	2	6	13	13.7	10.5	3	1	5
10	Fairfield.....	7,001	20	..	2	7	11.9	13.7	3	..	2
11	Glastonbury.....	5,078	8	..	2	6	14.1	9.4	1	..	4
12	Greenwich.....	18,724	25	2	19	23	12.8	11.4	2	2	4
13	Groton.....	6,776	16	..	1	6	8.0	15.9	3	2	..
14	Hamden.....	6,494	25	..	3	6	11.0	18.3	1	1	2
15	Hartford.....	108,969	298	10	87	203	17.6	10.9	26	14	55
16	Huntington.....	7,058	12	2	3	17	15.3	11.8	2	1	5
17	Killingly.....	6,420	13	..	3	14	26.1	18.7	2	3	4
18	Manchester.....	15,243	34	..	11	12	9.4	10.1	3	1	..
19	Meriden.....	33,842	61	5	17	52	14.8	10.9	6	4	8
20	Middletown.....	22,468	48	2	5	40	9.6	10.1	4	3	16
21	Naugatuck.....	13,872	36	3	7	10	8.6	14.6	1	2	3
22	New Britain.....	52,203	155	5	22	61	13.5	9.3	29	8	3
23	New Haven.....	147,095	436	15	115	201	14.8	13.0	38	11	45
24	New London.....	20,771	54	..	26	31	13.2	18.4	3	6	10
25	New Milford.....	5,118	6	..	2	11	25.7	14.0	1	1	4
26	Norwalk.....	26,466	61	..	16	26	10.8	15.8	4	..	10
27	Norwich.....	29,225	64	4	10	38	13.9	17.0	2	1	12
28	Orange.....	13,527	23	..	5	18	12.4	6.1	3	..	5
29	Plainfield.....	7,719	11	..	5	5	7.7	9.2	2	1	1
30	Plymouth.....	6,177	10	1	2	3	5.8	5.7	1	1	1
31	Putnam.....	7,245	12	..	4	8	11.5	11.5	1	..	3
32	Seymour.....	5,442	15	..	2	3	6.6	8.7	..	..	2
33	Southington.....	6,836	24	1	2	8	14.0	6.9	..	1	3
34	Stafford.....	5,726	12	..	2	5	10.4	12.5	1	..	2
35	Stamford.....	34,107	81	2	28	35	10.9	13.2	..	4	12
36	Stonington.....	9,477	20	1	7	9	11.3	7.5	1	..	7
37	Straford.....	6,796	12	..	3	13	22.9	5.2	3	..	6
38	Torrington.....	19,153	46	3	17	24	14.4	8.1	6	4	9
39	Vernon.....	9,405	17	3	4	5	6.3	6.3	..	..	3
40	Wallingford.....	12,290	21	..	5	14	12.6	4.0	3	..	3
41	Waterbury.....	84,745	208	8	50	120	15.7	10.2	26	13	14
42	West Hartford....	5,663	10	1	1	14	29.6	10.5	6	1	3
43	Winchester.....	9,161	20	1	6	14	15.7	16.9	5	..	4
44	Windham.....	13,904	33	..	4	21	16.3	24.0	5	2	5
Total of above towns,...		1,002,383	2,532	87	655	1,408	16.8	13.2	260	109	327
Towns of less than 5,000..		221,200	335	9	84	256	13.8	11.8	28	6	94

Non-residence deaths in public Institutions are not included in the death rates of the towns

HEALTH FOR THE MONTH OF MAY, 1916

FOR APRIL, 1916.

DEATHS FROM IMPORTANT CAUSES.															EXTERNAL CAUSES.					Line Number.
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Form of Tuberculosis.	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis.	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.	Deaths in Institutions.	Deaths of Non-residents.	
2	1	1	23	3	15	12	12	135	24	106	2	1	244	38	94	19	6	481	205	1
..	1	..	..	1	..	2	..	..	2	..	..	2	1	..	..	2
..	4	..	1	5	1	9	3	7	1	..	62	5	15	2	2	..	1	3
..	1	1	1	..	2	..	1	..	..	1	3	1	..	..	..	..	4
..	1	1	1	..	..	2	1	3	..	1	12	6	5
..	1	..	..	1	..	1	..	..	..	5	6
..	1	..	..	..	1	..	..	..	..	2	..	1	..	..	..	2	7
..	1	..	..	..	1	..	..	..	1	..	..	..	..	..	..	8
..	2	..	1	..	..	4	..	3	..	..	..	..	9
..	1	..	..	..	..	..	..	..	..	..	10
..	1	..	..	..	..	1	..	..	..	..	10	3	11
..	3	2	1	..	..	1	..	16	1	..	2	..	1	..	..	..	1	12
..	2	..	..	..	1	7	..	2	..	..	2	..	1	..	..	7	..	13
..	3	1	..	..	..	1	..	..	..	..	1	..	14
..	4	..	3	..	..	7	3	2	1	..	18	10	15
..	1	13	..	2	..	..	1	..	1	..	..	26	22	16
..	3	1	1	4	2	14	3	2	12	2	17
1	2	1	16	2	12	24	2	9	2	..	71	19	18
..	2	1	4	..	2	1	..	17	8	19
..	1	2	..	3	1	..	1	20
..	3	7	..	1	5	8	2	21
..	1	1	3	..	5	9	4	22
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..	1	1	1	30
..	1	1	..	1	31
..	1	2	32
..	1	3	..	2	5	..	3	9	4	33
..	1	34
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..	3	1	3	1	..	2	3	1	1	36
..	4	..	1	1	1	3	1	37
..	3	..	1	3	1	4	4	10	14	4	5	3	..	38	9	38
..	2	1	2	1	7	..	39
..	1	1	2	1	1	2	1	1	6	2	40
1	18	2	15	12	10	107	22	77	2	..	226	31	82	17	5	443	168	41
1	5	1	..	..	2	28	2	29	..	..	18	7	12	2	1	38	37	42

POPULATION STATISTICS.

Population estimates as given in this bulletin are computed by the method suggested by the U. S. Census Bureau, and are based on the increase between 1900 and 1910. These are corrected annually on July 1st. An apparent discrepancy exists in our population tables but it will be noted that the new table is computed as of July 1, 1916, the time for the new estimate being so near.

Certain cities and towns in Connecticut have within the last two years made enormous gain in population. This we are unable to show for lack of official census but it should be kept in mind in comparing statistics.

MONTHLY METEOROLOGICAL SUMMARY

Hartford, Connecticut, For May, 1916

MONTHLY SUNSHINE RECORD

Number of hours actual sunshine 227.9-Number of hours possible 451.8

Percentage of possible sunshine 50 .

WEATHER.

Number of days, clear.....	6
Partly cloudy.....	12
Cloudy.....	13
On which. 01 inch, or more, occurred	13

Total Precipitation this month in

1905-1.25	1906-4.60	1907-3.35	1908-6.52
1909-1.99	1910-2.49	1911-1.22	1912-4.59
1913-3.99	1914-2.71	1915-2.53	1916-3.14

PRECIPITATION.

Total this month.....	3.14
Total snowfall.....	0.0
Greatest precipitation in 24 hours, date 16-17.....	1.02
Snow on ground end on month.....	0.0
Normal for this month.....	3.54
Deficiency of this month as compared with the normal.....	0.40
Accumulated deficiency since Jan. 1 ..	3.21

ATMOSPHERIC PRESSURE.

(Reduced to sea level; inches and hundredths.)	
Mean ..29.90	highest 30.29..date 13
Lowest.....	29.28 ..date 17
Mean monthly relative humidity.....	67%

TEMPERATURE.

Highest..84, date 25th; lowest 41;..date 19th
Greatest daily range 28.....date 25th
Least daily range 5;.....date 23th
Mean highest ...68.0; lowest..... 49.7

Mean for this Month in

1905-59	1906-59	1907-53	1908-61	1909-58
1910-58	1911-63	1912-60	1913-58	1914-61
1915-56	1916-59			
Mean for this month.....				58.8
Normal for this month.....				57.5
Absolute maximum for this month for 12 years.....				94
Absolute minimum for this month for 12 years.....				32
Average daily excess this month as compared with normal				1.3
Accumulated deficiency since Jan 1..				73
Average daily deficiency since Jan. 1.				0.5

WIND

Prevailing direction.....	South
Total movement.....	.6007 miles
Average hourly velocity.....	8.1
Maximum velocity (in five minutes) 31 miles per hour, from N. W. on 17th.	

U. S. Department of Agriculture Weather Bureau.

WILLIAM W. NEIFERT, METEOROLOGIST

AS THE THERMOMETER CLIMBS

As the thermometer climbs our responsibilities increase in the care of the baby.

Citizen, health officer, social worker, neighbor, house-holder, mother,—ask yourself these questions:

Is the milk supply carefully guarded ?

Is the milk good and fresh and clean ?

Is it kept cool and clean in the home ?

Is it properly mixed for hot weather ?

Is the baby given water frequently ?

Is the baby dressed comfortably ?

Is it given plenty of fresh air ?

Is it bathed frequently ?

Is the house screened ?

Is the yard clean ?

Is the garbage pail covered ?

Is the nearby manure pile covered ?

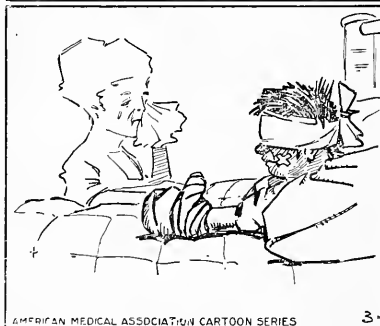
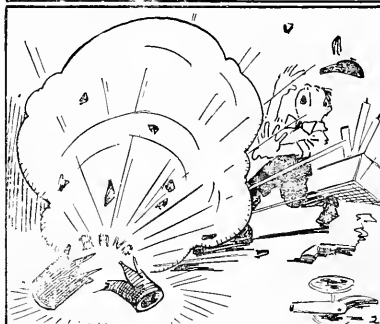
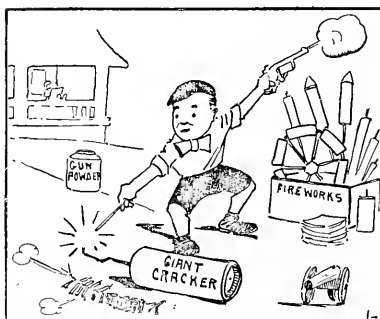
All are essential for the welfare of the baby in hot weather and every baby is entitled to the protection afforded by these conditions. If the baby does not get this protection.

SOMEONE IS RESPONSIBLE!

CELEBRATE THE FOURTH B U T CELEBRATE IT RIGHT

THE INSANE WAY AND—

THE SANE WAY



Monthly Bulletin

Connecticut

State Board of Health



JULY 1916



Kitty:—"Just got up—spent the night on my mistress' bed. As she is sick with infantile paralysis, I must hunt my own breakfast in the neighborhood."

Connecticut State Board of Health

MEMBERSHIP of the Board

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Bureau of Administration	<i>State Capitol</i>	<i>Hartford</i>
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Bureau of Vital Statistics.	<i>State Capitol</i>	<i>Hartford</i>
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Bureau of Biologic Products*.	<i>State Capitol,</i>	<i>Hartford</i>
Bureau of Medical Inspection*.	"	"
Bureau of Medical Registration*.	"	"
Bureau of Publications and Education*.	"	"

*Organization not complete—in charge of the Executive Secretary.

Address all communication to the Secretary, *Hartford, Conn.*

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MONTHLY BULLETIN

Connecticut State Board of Health

All communications should be addressed to the Secretary—Hartford, Conn.

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INFANTILE PARALYSIS.

The usual summer exodus of children from New York City into neighboring states is now considerably augmented because of the alarm felt in that city over an invasion by anterio-poliomyelitis.

While the New York Health Department is making every effort to eradicate the disease and is employing drastic quarantine measures, there will be some exposed and infected children escape, who will later develop the disease while visiting in this state.

Hundreds are coming into Connecticut daily, some of whom have developed the disease since arrival, but this condition should not be the occasion for panic. It is essential, however, that health officers should be on the alert, that physicians should report suspected cases promptly, and that the citizens cooperate by following the advice of their health officers and by keeping their homes and surroundings in good sanitary condition.

Health officers are advised to secure the names, with New York and Connecticut addresses, of all incoming children and, if possible, to make physical examinations. All children that are found ill should be quarantined until an absolute diagnosis is determined. All suspected and positive cases should be reported to the State Board of Health by telephone and held under strict quarantine.

The exact mode of transmission of this disease has not as yet been determined, but it is known that the secretions from the nose and mouth of the afflicted contain the germs of the disease. It is therefore possible that transmission may be by dust, flies, fleas, household pets, common drinking cups and towels, family handkerchiefs and by kissing among children. The public should be warned of these dangers.

Where New York children are present in a community, the attendance by children at theatres, churches and other public indoor gatherings should be discouraged.

There are at this writing twenty cases in the State—for the last few years an average of thirty cases a year has been reported in Connecticut.

This indicates that while extreme caution is necessary, there is no occasion for parents to become terror stricken at the present time.

PANICS

At the time of this writing Connecticut, as well as other states, is in a state of panic over the probable invasion of infantile paralysis. We do not belittle the occasion, nor do we deplore this condition of public mind as there **is** real danger, and it **does** seem necessary for the public to become panicky before real, energetic health-protective measures will be permitted. By this is meant that many health officers are now engaged in effort to forestall infantile paralysis, employing assistance, abating nuisances, and spending money that would not be permitted under ordinary circumstances.

And yet what are ordinary circumstances — one preventable disease alone is killing over a thousand children every year in Connecticut with out panic and with health workers handicapped for lack of cooperation and support. The disease referred to is infantile diarrhoea. Records show the following deaths; in Connecticut in 1915.

Infantile Diarrhoea.	Infantile Paralysis.
January 9	0
February 21	0
March 24	0
April 17	0
May 22	1
June 48	0
July 200	0
August 302	0
Sept. 236	0
Oct. 113	3
Nov. 37	0
Dec. 18	0
Total 1047	4

Do not these figures suggest that there is reason to be panicky over diarrhoea as well as over paralysis! Should we not urge the custodians of public funds to permit sufficient expenditure to stop or lessen this slaughter of infants!

It has been estimated that the amount now spent for health protection in general by state, city and town governments (including tuberculosis sanatoria), totals less than 30 cents per capita. If this amount was doubled — that is, if every person in Connecticut contributed 60 cents a year (5 cents a month), health officials would guarantee to reduce the death rate from preventable diseases at least one-half.

This has been demonstrated in many cities where adequate health appropriations have been made, and Connecticut has a few cities which have reduced their death rate from infantile diarrhoea more than one-half

If panics are necessary to save life — let's have panics !

THE TYPHOID GERM.

Since the discovery of the typhoid bacillus in 1880, the study of this germ has revealed considerable information of value in controlling the spread of typhoid fever.

At this time of the year cases of typhoid fever increase in number and with it the possibility of spreading the infection. The following facts will, therefore, be of value to those in attendance upon, or associated with, persons suffering from typhoid fever:

- 1st. There is liberated from every typhoid patient, through bowel discharges and urine, millions of bacteria daily.
- 2nd. The elimination of typhoid germs does not cease upon the disappearance of the symptoms of typhoid fever, persisting usually for weeks, sometimes months and even years.
- 3rd. Precautions adopted to prevent the spread of infection from a typhoid patient should not cease until, by examination, it is shown that they are no longer liable to distribute the germs.
- 4th. The bacteria may be conveyed by unwashed hands to milk bottles and food and thence to other people.
- 5th. A temperature of 140 degrees Fahrenheit maintained for twenty minutes will kill the germs of typhoid, and milk so pasteurized will be safe.
- 6th. Soiled clothing and bedding not boiled or disinfected will retain the germs for three months, even when dry.
- 7th. Typhoid bacillus will live in water or ice for three months. It will live in dark wells, sink drains and privy vaults for six months, and in stale bread for one year.
- 8th. Freezing of milk or cream containing typhoid germs in making ice cream does not destroy the germs.
- 9th. Flies can carry germs from the patient, or patients clothing, to milk or food intended for well persons.
- 10th. Dogs and cats allowed in the room of a typhoid patient may carry the disease to well persons.
- 11th. Typhoid fever may be acquired by eating raw vegetables and greens grown in soil contaminated with typhoid excretions.
- 12th. Typhoid discharges, if not thoroughly and properly disinfected, before being deposited in a privy or cess pool may escape by underground channels into nearby wells or springs.

THE MICROSCOPIC EXAMINATION OF TISSUES FOR THE DIAGNOSIS OF CANCER.

C. J. Bartlett, M. D., Professor of Pathology, Yale School of Medicine.
New Haven, Conn.

There are two reasons why I have chosen this subject for my part in the program. First, because I thought no one else would be likely to choose it: and secondly, and more important, it appears to me to be a timely subject for consideration by a group of health officers in such a laboratory meeting as this. In what I have to say I shall use the term cancer as synonymous with malignant tumor growth.

It is unnecessary to discuss the importance of cancer or the high death rate due to it. I think that those who maintain that the death rate from cancer is really on the increase, instead of there being only an apparent increase due to more exact methods of diagnosis, are correct. Certainly no one holds that there has been any marked decreases in cancer mortality in recent years.

You are all more or less familiar with the enormous amount of research work that has been done on cancer during the past few years. But so far the two main problems are unsolved. These problems are, first, to determine the real exciting cause of cancer, and second, to find a specific cure for cancer. Even so, the work of the past ten years has been most valuable. It has emphasized the fact that already our knowledge of the disease is such that without doubt, if it can be fully utilized in the diagnosis and treatment of cancer, the mortality can be materially reduced. Also, it has impressed upon us more fully the importance of certain predisposing factors: chronic irritation; warts in old age; white patches on the tongue, etc. Also we are looking more carefully than before for the early symptoms of the disease and are recalling more than ever before that we can recognize the disease microscopically in a very early stage of its development. In the present state of our knowledge there are two main lines of attacking the disease, from a public health standpoint, both of them important.

The first is the education of the laity regarding the early symptoms of cancer. This as you know has been undertaken in a large scale, more particularly

through the activities of the American Society for the Control of Cancer, and with very promising results. For example, in Vermont this campaign of education is said to have resulted in bringing more patients to physicians in the early stage of the disease when the chances of cure by surgical means are good. This field is one of promise.

The second line of attack is, I feel, of equal importance. It is by developing in us medical men in general the ability to recognize malignant tumors earlier, or at least to suspect the beginning of these, and to be on the watch for the precancerous conditions which I have already referred to. To accomplish this we must urge the greater use of the microscopic examination of tissue: for I believe that the best, and I might almost say the only way to develop the keenness of perception necessary to detect the very early stage of malignancy is to have the physician who has carefully studied the clinical appearances have his diagnosis verified or the opposite, by a microscopic examination of the tissue removed. In other words I think each of us has to be largely self-taught in developing this ability; that it cannot be acquired from the literature. And I hardly need to add that recognition of cancer at this very early stage is what we are all striving for: that when the condition can be easily determined clinically it has very often already passed the stage where operative procedures can eradicate it.

For twenty years I have been making microscopic examinations of tissues as a part of my laboratory work and I have been interested in watching the men who send specimens for examination and in noting the character of the material submitted. I am now speaking from impressions only and not from statistics, but I am decidedly of the opinion that during the first years of my experience a very much larger per cent of the specimens examined were malignant than has been the case for the past five years.

I should say that not one-half of those submitted for examination at the present time prove to be malignant. I do not interpret this as an indication of lessened skill in diagnosis or of more radical surgery, but rather that it means that the men who follow their cases carefully are more and more appreciating the hopelessness of late operations for cancer; that it is much safer to

perform curettings on two or three women with uterine hemorrhage and find them all non-malignant than it is to overlook one until it becomes too late for successful operation: or that it is wiser to remove an ulcer or a growing wart in an elderly person and get a report of a benign process, than it is to wait for definite evidences of infiltration, and run the chances of recurrence after removal. I feel that these men are actually recognizing some of the precancerous conditions and remedying them, and that this is, in part at least, due to the systematic microscopic examination which is made in the case of all of these tissues. Not infrequently I find in these curettings, or in the breasts which have been removed, what I consider to be the very beginning of the malignant process in so far as it can be recognized microscopically, such an early stage that operation has or will entirely stop the process. Therefore I feel very strongly that systematic microscopic examination of tissues for diagnostic purposes is an important factor not only in giving the patient and physician a definite diagnosis but likewise in the training of the clinician to recognize, or reasonably suspect malignancy at an earlier stage than has been done heretofore.

Thus far microscopic examination of tissues has been done chiefly in hospital laboratories as a part of the routine work of these hospitals, or in private laboratories for remuneration. In this state our larger and better hospitals are doing fairly satisfactory work in this respect, but I am sorry to say that others and some of them of good size are inexcusably negligent in this. Think over the hospitals large and small in this state with whose work you are familiar and see if more than half of them are not leaving this work undone. That has been my experience. In the larger cities of the state there are also laboratories where specimens can be sent by physicians for diagnosis. There are altogether too few of these for the welfare of the state as I shall attempt to show later. Also quite recently, the work of microscopic examination of tissues for malignant growths has begun to be taken up by state public health laboratories.

In a recent address by Prof. C. E. A. Winslow of the Yale School of Medicine, as chairman of the laboratory section of the American Public Health Association (Rochester, N. Y., Sept. 7, 1915 American J. Public

Health, March 1916 V. 222,) in which he spoke of "The Laboratory in the Service of the State," he pointed out that nineteen of the states report that they furnish examinations of tissue for cancer, a charge for this being made in a number of the states. The states reporting that they make such examinations are Alabama, Delaware, Florida, Indiana, Louisiana, Michigan, Mississippi, Nevada, New Hampshire, New York, North Carolina, North Dakota, Penn. sylvania, Rhode Island, South Carolina, South Dakota, Vermont, West Virginia, and Wisconsin. I do not know to what extent demands are being made upon these laboratories for such examination of tumors. Probably not to a great extent in most of the states. In New York however, where the work is done at the State Institute for the Study of Malignant Diseases at Buffalo, it is probable that the amount of material is considerable. But the main point is that so many of the states have recognized it as a public health matter and have taken it up as such.

In so far as I know it has not yet been taken up by city departments of health. In March and April, 1914, the American Society for the Control of Cancer held three public meetings in New York City at which the speakers laid stress on the hope of cure which lies in the early recognition and proper treatment of cancer. In May following this the then Commissioner of Health of New York City suggested to the American Society for the Control of Cancer that the city of New York provide laboratory facilities for the diagnosis of specimens of tissue suspected of being cancerous.

The Executive Committee of that Society favored such action by the New York Department of Health. The advice of its Medical Advisory Board was then asked by the Board of Health. Finally the opinion of the Public Health Committee of the Academy of Medicine was requested as to the advisability of the Department undertaking this new line of service. A special sub-committee of this body, appointed to consider the matter, made the following recommendations:

- "1. Since the present facilities for obtaining free diagnosis of suspected cancer tissue are limited to the gratuitous work of the pathologists of the various medical schools, and to the State Institute for the study of malignant diseases at Buffalo, the establishment of such a service is highly desirable and would be of value in promoting the early diagnosis of cancer and in encouraging practitioners not to temporize with new growths of doubtful nature.

2. Such a service should, however, be safeguarded in all possible ways, to prevent its abuse to the detriment either of the patient or of the profession. With this end in view specimens of tissue submitted should be accompanied by written declaration from the physician to the effect that the patient's circumstances do not permit of the payment of a fee for the examination. Furthermore specimens should not be sent directly by the practitioner, but should be brought to the laboratory by the patient or one of the patient's family or friends, who should then receive a printed form stating the fact that the examination is made without charge; or, what is preferable, the specimen may be sent directly by the physician, but the laboratory should then send a statement to the patient to the effect that the examination is made without charge."

The New York City Department of Health plans to begin this work early in 1917 provided it secures the necessary appropriation. This appears to me to be the path along which the better equipped and more progressive boards of health will probably follow the lead of New York.

There can be little question I think about the value of public laboratories taking up this branch of work as soon as proper facilities can be arranged for it.

I personally feel that it should be undertaken on the basis as recommended by the Committee of the New York Academy of Medicine to the New York City board of health, namely that the work should be done for those patients who find it burdensome to pay the fee for the examination themselves. I do not feel that the state or municipal laboratory should charge a fee for such examinations. While such laboratories should be equipped for, and should actually do, any work that the public welfare requires, they should not be in competition beyond this with those of the profession who are doing expert laboratory work.

In making this statement I have not in mind the welfare of any laboratories now existing but am thinking of those which I am desirous of having come into existence. Some years ago in a paper before the Connecticut State Medical Society on "Laboratory Aids in Diagnosis" I emphasized the great need of local laboratories for diagnosis, I felt then as I feel now that the solution of the problem of making our laboratory knowledge available so that it may be of the greatest value both to the medical profession and the laity is the establishing of such laboratories. Blood examinations if made at all will almost invariably be made by some one locally. It is the exception that a man will be called from a distance to do a blood culture; and in general, laboratory assistance is much more liable to be called for when the clinician can drop in and talk the case over with the laboratory worker who is capable of doing the work. I think the experience of you men here will confirm that.

Whenever any place has enough physicians so that there is any specializing among them one of these physicians should give particular attention to laboratory diagnosis. And he and his associates should appreciate that this is no mere boy's play if properly done. After some experience in internal medicine as well as in laboratory work I have found that the latter demands fully as great skill and judgment as the former.

I appreciate that the men conducting such local laboratories would not be leading experts in this work. Neither are the men who are doing the surgical work in such communities. And the laboratory workers would have the same opportunities that the surgeons have of calling for assistance upon those of wider experience. While such laboratory workers would charge fees for their examinations they would also do much charity work, for I presume it is the custom of laboratories in general as it is with all with which I am familiar to make physicians feel that they are just as welcome to send in specimens from their poorer patients as from their wealthier ones.

I have made this rather long digression to make my views clear. I feel that a state should take up the examination of tissues for malignant growths

as soon as suitable arrangements can be made for this; and that in due time our larger municipal laboratories should do the same, both to emphasize the great value of this means of diagnosis and to ensure that no patient shall lack for such a diagnosis for any financial reason. But this work should in my opinion be done upon such a basis as to stimulate instead of discourage the forming of these small local laboratories.

Before closing, there are a few suggestions connected with the removal and the preservation of tissues for microscopic purposes which I wish to make. We all recognize that malignant growths are not indifferent to mechanical irritation; that frequently such growths are stimulated to much more rapid growth by operative procedures. This has been so carefully considered by the American Society for the Control of Cancer that I wish to quote from them. (N. Y. City Board of Health Bulletin, March 3, 1915)

"There are two important questions concerned when it is proposed to remove a portion of a suspected, malignant tumor for diagnosis; one, the advantage gained by microscopical examination, which usually furnishes a positive diagnosis of the nature of the disease, and second, the danger of aggravating the disease by trauma.

1. It is universally agreed by surgeons and pathologists that in a large group of cases the former advantage decisively outweighs the latter danger. It is, therefore, a universal practice to support the clinical by a microscopical diagnosis in cases of reasonable doubt. In the opinion of some of the best authorities this practice has justified itself. In fact, since the gross diagnosis of malignancy in tumors is difficult and sometimes impossible, it seems proper to facilitate as far as possible the means of securing accurate, microscopical diagnosis. The necessity of making such diagnosis will be determined by the skill of the clinician. Some are more experienced in the field than others.

In general the biopsy became desirable when the clinician, whoever and wherever he may be, is in doubt, and a decision urgent. Some capable authorities would go much further, and maintain that it is of importance to the patient that the exact type of the tumor should be determined before the operation.

2. Against these considerations stands the danger of aggravating the disease by trauma. The extent of this danger will depend on the nature and the position of the tumor and must be judged in each instance from all the factors in the case. To cut through the skin into a malignant tumor of the breast and remove a piece for examination is generally discountenanced. The whole tumor should be removed, or the whole breast and the whole mass subjected to examination. Not a few errors in diagnosis result from the excision of inflamed tissue on the edge of a tumor, the malignant area being missed. These errors occur in the breast, prostate, and with comparatively inaccessible growths in various regions. Unless a tumor can be accurately located, it is better not to cut into it for diagnosis."

In general, it may be said that incisions into actively growing, deep-seated, malignant tumors should, if possible, be avoided. Such a trauma may disseminate tumor cells through the vessels, or permit unnecessary

extension to the skin or surrounding tissues, or accelerate growth by relief of capsular tension.

On the other hand there is little danger from the excision by a clean cut of a sharp knife of a suitable portion of any superficial growth of skin or mucous membrane. Under all circumstances it is highly important to avoid rough handling, kneading, or crushing the tissues.

The wisdom of a biopsy may often depend on the possibility of obtaining a reliable opinion from the microscopist, in the absence of which it is better to rely on clinical judgment.

Moreover the question of what tissue to furnish to the microscopist and how to preserve it is also of importance. If the tissue can be delivered to him so that it will be received fairly fresh it is my opinion that the whole amount removed should be sent without preservation. That gives him an opportunity to study the specimen as a whole and to choose the parts most suitable for microscopic examination. Otherwise, when the tissue must be preserved the directions suggested by the Committee of the New York Academy of Medicine to which I have referred are excellent. They are as follows:

"A. If excised portions of the tumor are sent in, the pieces should be taken (1) from periphery of suspected area (2) from center of this area unless this be necrotic, in which case, a piece should be taken from the rim of the necrosis. Each piece should be not larger than one inch square and $\frac{1}{4}$ inch thick. If there be any doubt as to the exact location of the suspected area, incision should be made through the center of the whole excised tissue. All pieces should be well covered immediately with ten per cent formalin solution and sent to the laboratory.

B. If curettings are submitted all of the curetted material should be placed immediately in 10 per cent formalin and sent to the laboratory. Care should be taken that the specimen does not consist only of blood clots. The curettage should always be thorough."

In conclusion I shall be pleased if the Board of Health of this state may consider it advisable and find it feasible in the near future to take up the microscopic examination of tissues for suspected cancer, because I realize that this, if done at all, will be carried on in the same expert manner that characterizes all of its laboratory work.

SEPTIC SORE THROAT.

During the month of June an outbreak of Septic Sore Throat, so called, occurred in Bridgeport and vicinity which resulted in several deaths. Approximately four hundred cases were reported, ninety per cent. of which used milk from one particular dairy. Upon investigation it was found that an employee who handled the bottles at this dairy had a severe sore throat about the time the first cases appeared. It was further ascertained that two children on the dairy farm were ill at the time of the investigation with sore throats of a similar nature. The milk was not pasteurized, nor were the bottles boiled or sterilized with steam. The milk supply was stopped — the epidemic stopped — is this not a lesson for us all ?

LABORATORY REPORT — JUNE.

Prof. H. W. Conn, Director.

Bacteriological examinations and analyses.

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis,	38	232	8	278
Diphtheria, release,	23	54	—	77
Tuberculosis	24	131	—	155
Typhoid	16	53	—	69
Syphilis	87	255	49	391
Malaria	3	5	—	8
Glanders	10	6	1	17
Gonococcus	3	1	—	4
Rabies	1	—	—	1
Septic Sore Throat, Examination for Streptococci	4	8	—	12
Microscopic Examination of Milk, Special,				2
Milk samples examined (from 28 towns)				431
Water samples analyzed (from 32 towns)				48
Sewage and effluents examined				10
Oil samples tested				4
Total Laboratory operations during June				1507

VITAL STATISTICS — SUMMARY.

Morbidity Reports — June. Many cases of measles were reported early in the month.

Typhoid fever cases show an increase over last month. Typhoid fever for June for the last five years is as follows. —

1912, 7; 1913, 6; 1914, 8; 1915, 7; 1916, 9.

Septic Sore Throat or Streptococcus Sore Throat showed a severe type in and about Bridgeport for three weeks. — Approximately 400 cases reported with 10 deaths.

A detailed morbidity report will be found on Page 14.

Mortality Reports — June.

Total deaths for June	1,473	Death rate ..	14.4
Death rate, town over 5,000	14.4	Under 5,000	14.2
Average death rate for June for last 5 years			12.9
Annual death rate 1915			14.9
Deaths from communicable diseases			178
Per cent. of total deaths			12.0
Deaths under one year	214	Rate per thousand births	71

CASES—COMMUNICABLE DISEASES

REPORTED BY LOCAL HEALTH OFFICERS

JUNE 1916

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases see "Notes"	Other Diseases See "Notes"
STATE—TOTAL	1,238,723	37	1920+	83	200+	128	5	4	170	37	60
Over 50,000 inhabitants:											
New Haven.....	148,951	8	68	14	18	4	3	1	22		x40
Bridgeport.....	120,688	2	40	9		28	2		26	G13	x++
Hartford.....	110,354	1	36	8	45	17			15	G13 s4	
Waterbury.....	86,342	3	81	1	4	17			9		v12
New Britain.....	53,344	12	11	4	3	3			13		
From 25,000 to 50,000 inhabitants:											
Stamford (city).....	30,622		107	2					6	C3	M3
Meriden (city).....	29,046		13+	1					6		
Norwalk.....	26,778	1				1			3		
From 15,000 to 25,000 inhabitants:											
Danbury (city).....	22,452	1		9					3		
Norwich (city).....	22,236	1	3			1			4	G2	
New London.....	20,925		97	1	5	9			2		
Greenwich (town & boro).....	19,037	2	6	2	6	3			3		
Torrington (boro).....	18,000					2		2	2		
Ansonia.....	16,634		16	1		1			1		
Bristol (city & town).....	15,817	1	8		2	2			2		
Manchester.....	15,465		21	1					2	G2	
From 10,000 to 15,000 inhabitants:											
Naugatuck.....	14,030	1	19	2	3				1		
Orange.....	13,838		19	3					2		
Middletown (city).....	13,208		150+		4	1			3		
Willimantic (city).....	12,605		14	5	6						
Wallingford (boro & town).....	12,446		2	1	++				4		
Enfield.....	11,531		8	2	1				5		
From 5,000 to 10,000 inhabitants:											
Derby.....	9,627								2		
Middletown (town).....	9,498		150+			1			4		
Winchester.....	9,228		10	2		2					
East Hartford.....	9,177		2	1					3		
Rockville (city).....	8,391		20			1			1		
Plainfield.....	7,857				++					G1	
Stonington (town).....	7,556		137+	2							
Putnam (city & town).....	7,240		1						1		
Fairfield.....	7,121		2								
Stratford.....	6,945		21			1					
Southington (town & boro).....	6,890	1	4			1					
Hamden.....	6,584		2			1				01	x1
Plymouth.....	6,336		8	1		1					
Branford (town & boro).....	6,251		5						1		
Shelton (boro).....	5,989			2					1		
West Hartford.....	5,781		1								
Seymour.....	5,533	1	8			1					
Meriden.....	5,042		1			4					
From 2,000 to 5,000 inhabitants:											
Groton (town).....	4,814		100+								
Millford.....	4,715	1	6			3			2		x++
Windsor.....	4,516		1								
Darien.....	4,444		3		14				1		
Westport.....	4,404		3	1					2		
Watertown.....	4,300		33			2			1		
Stamford (town).....	4,211		8		2						
New Canaan (town & boro).....	4,085					1			1		
Bethel.....	4,071		2								
Suffield.....	4,033		12								
Berlin.....	3,896	1		1					1		
Thompson.....	3,822		7								
Thomaston.....	3,672		12			1					
Farmington.....	3,566								1		
Salisbury.....	3,541			1	++						
Jewett City (boro).....	3,502				10+	1					
East Windsor.....	3,484		5			3					
Danbury (town).....	3,466			3							
Wethersfield.....	3,454		6								
Ridgefield (town & boro).....	3,413		1								
Stafford Springs (boro).....	3,418		16		1						
Killingly (town).....	3,401		20	2		2					
Plainville.....	3,297		3			1					

Avon, Newtown and Bantam failed to report, towns not listed reported no cases of infectious disease.

CASES—COMMUNICABLE DISEASES (Continued)

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Measles	Scarlet Fever	Whooping Cough	Diphtheria and croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases	Other Diseases See "Notes"
Waterford.....	3,212		+								
Portland.....	3,167		25								
Guilford (town & boro)...	3,130				16				1		
Montville.....	3,049		3			1					
Danielson (boro).....	3,000		30			1					
Litchfield (town & boro)...	2,879		1						1		
Essex.....	2,874		15								
Simsbury.....	2,802		40+								
North Canaan.....	2,391		+		1				1		
East Haddam.....	2,385		+								
Stafford (town).....	2,376		25								
Cromwell.....	2,282		1		1						
East Haven.....	2,171		7			1					
Ellington.....	2,101		8			2					
Newington.....	2,077		2								
Saybrook.....	2,070		85								
Mansfield.....	2,070		6								
Pomfret.....	2,013		2								
Groton (boro est.).....	2,000		5		1				1		
Under 2,000 inhabitants:											
Cheshire.....	1,988		2								
Stonington (boro).....	1,966							1			
East Lyme.....	1,964		1								
Wilton.....	1,770		15		5						
Redding.....	1,731			1	1						
Woodstock.....	1,702		1		1						
Somers.....	1,689		2								
Trumbull.....	1,675		4								
Coventry.....	1,591		10+								
Harwinton.....	1,576		1								
Old Saybrook.....	1,566		10						1		
Brooklyn.....	1,558		20+			2			1		
Madison.....	1,543		57								
Lebanon.....	1,517		6								
Beacon Falls.....	1,482		30			1					
Windham (town).....	1,478		16						1		
Chester.....	1,473		3								
Granby.....	1,433		40		2						
Preston.....	1,383		2		10				1		
New Hartford.....	1,376		7								
Sterling.....	1,327		1								
Old Lyme.....	1,181		1								
Clinton.....	1,181		1								
Tolland.....	1,180		2								
Colchester (town).....	1,179		6+								
Griswold (town).....	1,177					1					
Huntington (town).....	1,140		1			1					
Brookfield.....	1,134		1						3		
Kent.....	1,064		1		4						
Oxford.....	1,060		5								
Vernon.....	1,059		17								
Colchester (boro).....	1,050		16+								
North Stonington.....	1,016		10						1		
Monroe.....	978		1						1		
Cornwall.....	921		2								
Barkhamsted.....	865		1	1							
Canterbury.....	864			1							
Weston.....	826				12						
Hebron.....	821		15								
Lyme.....	744		4		1						
Voluntown.....	724										ol
Columbia.....	641		4							cl	
Canaan.....	632		+								
Ashford.....	615		2								
Goshen.....	579		6								
Hampton.....	556		2		3						
Wolcott.....	553		2						1		
Eastford.....	507				10						
Scotland.....	468				+						
Chaplin.....	379		2		8						
Andover.....	363										
Marlborough.....	290		2								
Union.....	259		4								

NOTE:—(s) syphilis; (G) gonorrhoea; (o) ophthalmia; (v) small pox, (c) chicken pox;
 (M) mumps; (x) septic sore throat + few ++ epidemic.

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Line Number.	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1915.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, June 1915.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut.	1,223,583	2,926	116	1143	1,473	14.4	12.5	214	120	423
2	Ansonia.....	16,454	47	2	17	15	10.9	6.5	3	1	1
3	Branford.....	6,226	10	..	1	4	7.7	11.5	..	..	2
4	Bridgeport.....	118,434	354	13	151	156	15.0	14.1	24	13	32
5	Bristol.....	15,536	26	2	11	9	6.9	4.8	2	1	4
6	Danbury.....	25,627	48	2	11	27	10.3	11.1	1	..	17
7	Derby.....	9,548	33	1	19	18	15.0	11.2	..	1	3
8	East Hartford,...	9,050	23	2	7	12	14.5	11.8	2	..	6
9	Enfield.....	11,312	35	1	18	16	16.9	12.6	4	3	2
10	Fairfield.....	7,001	11	..	2	6	8.5	8.5	2	1	2
11	Glastonbury.....	5,078	14	1	7	5	11.7	11.7	..	..	2
12	Greenwich.....	18,724	41	1	26	12	7.6	12.1	..	2	4
13	Groton.....	6,776	9	..	3	10	17.7	15.9	3	..	5
14	Hamden.....	6,494	22	1	4	8	14.7	12.8	1	..	5
15	Hartford.....	108,969	314	18	134	154	12.7	12.7	27	9	34
16	Huntington.....	7,058	22	..	4	17	13.6	11.8	..	2	2
17	Killingly.....	6,420	11	1	4	3	5.6	13.0	1	..	..
18	Manchester.....	15,243	33	..	21	10	7.8	7.0	1	1	4
19	Meriden.....	33,842	67	4	34	44	13.4	14.1	1	1	17
20	Middletown.....	22,468	41	4	16	35	10.1	7.9	6	5	8
21	Naugatuck.....	13,872	41	1	12	7	6.0	7.7	2	1	1
22	New Britain.....	52,203	177	5	58	52	11.9	7.9	17	11	8
23	New Haven.....	147,095	443	17	165	171	11.7	13.0	26	16	34
24	New London.....	20,771	62	2	19	31	14.4	13.2	4	2	10
25	New Milford.....	5,118	7	1	1	5	11.7	..	1	..	2
26	Norwalk.....	26,466	35	1	15	29	12.2	10.8	..	..	11
27	Norwich.....	29,225	58	1	35	40	13.1	13.9	5	2	11
28	Orange.....	13,527	22	..	10	17	14.1	11.4	1	2	7
29	Plainfield.....	7,719	14	..	12	11	15.5	12.3	2	1	4
30	Plymouth.....	6,177	14	..	1	2	3.8	7.7	..	1	..
31	Putnam.....	7,245	16	..	15	9	9.9	16.5	..	..	1
32	Seymour.....	5,442	21	1	4	4	8.8	8.7	3	..	..
33	Southington.....	6,836	17	1	8	12	19.3	15.7	2	1	3
34	Stafford.....	5,726	6	1	1	11	20.9	10.4	3	..	3
35	Stamford.....	34,107	80	3	29	46	11.2	9.4	3	5	14
36	Stonington.....	9,477	16	1	6	6	7.5	10.2	1	1	2
37	Stratford.....	6,796	16	..	4	7	12.3	12.2	1	2	2
38	Torrington.....	19,153	61	..	22	17	10.6	6.2	5	..	7
39	Vernon.....	9,405	14	1	6	9	11.4	6.3	3	..	4
40	Wallingford.....	12,290	26	1	12	12	11.7	10.6	1	1	7
41	Waterbury.....	84,745	225	6	91	108	14.7	11.1	21	18	20
42	West Hartford,...	5,663	12	..	1	11	21.1	10.5	6	..	3
43	Winchester.....	9,161	23	3	2	16	15.7	15.6	4	2	4
44	Windham.....	13,904	41	..	16	17	9.4	9.4	4	2	6
Total of above towns,...		1,002,383	2,608	99	1035	1,211	14.4	12.6	193	108	314
Towns of less than 5,000,.		221,200	318	17	108	262	14.2	9.9	21	12	109

Non-residence deaths in public Institutions are not included in the death rates of the towns

HEALTH FOR THE MONTH OF JUNE, 1916

FOR MAY 1916.

DEATHS FROM IMPORTANT CAUSES.															EXTERNAL CAUSES.			Deaths of Non-residents.	Line Number.
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.			Deaths In Institutions.
9	1	1	15	1	10	8	6	127	20	94	1	2	151	37	91	13	3	389	186
..	1	..	..	1	..	1	2	1	..	..	1	1	1	..	..	..	..
..	1	1	..	..	13	2	9	..	..	20	5	14	2	1	53	7
..	1	..	..	1	..	1	..	..	1	..	3	..	..	8	5
..	1	1	2	..	..	..	..	4	1	..	8	6
..	1	..	..	..	..	..	..	..	3	..	..	..	..	..	1
..	1	1	..	..	..	..	1	2	..	..	..	10
..	1	..	..	..	..	1	2	1	..	..	..	11
3	1	1	..	1	7	2	14	..	..	22	5	4	2	..	86	12
..	11	1	1	..	..	1	..	1	..	..	10	13
..	1	..	..	..	..	1	..	1	2	1	..	..	2	..	..	..	..	1	14
..	2	..	..	..	1	2	..	2	..	..	1	..	..	..	..	..	15
..	7	..	..	..	..	2	..	4	1	11	6	16
..	3	..	..	..	..	3	..	..	..	19	16	17
2	1	..	1	..	..	2	2	1	..	..	7	1	6	..	7	..	18
2	14	3	15	..	1	15	4	16	3	1	76	19
..	1	1	2	..	..	3	..	2	..	6	6	20
1	1	4	..	4	..	..	1	..	1	..	7	2	21
..	5	1	2	..	..	8	1	1	..	11	8	22
..	2	..	1	..	..	..	..	1	1	..	1	23
..	1	..	..	1	..	..	..	1	..	..	..	..	24
..	1	..	1	..	..	..	..	1	..	3	3	25
..	1	1	..	1	..	..	..	..	1	..	..	..	26
..	2	..	..	1	1	2	..	..	4	..	1	2	..	5	27
..	1	..	..	..	..	4	..	1	..	..	1	1	4	..	23	14	28
..	2	..	..	..	..	..	..	3	..	1	1	..	1	..	..	..	29
..	2	..	2	..	..	2	..	..	..	..	..	30
..	1	4	..	4	1	6	..	..	7	9	7	1	21	4	31
..	..	4	..	..	..	..	..	1	..	..	..	..	1	3	..	..	6	1	32
..	..	1	..	..	..	..	1	..	..	..	..	..	2	..	1	..	6	4	33
8	1	12	1	1	9	6	5	98	17	77	..	2	127	35	83	11	3	372	168
1	..	3	..	1	1	2	1	29	3	17	..	..	24	2	8	2	..	17	18

TOWN CLERKS

Connecticut has again been included in the Registration Area by the U. S. Census Bureau. This means that our Vital Statistics are, in the opinion of the Bureau, at least 90% complete.

With a registrar in every one of the 169 towns, Connecticut should be able to make this close to 100%, but every Registrar must do his part.

The State Registrar expects to call on each local Registrar within a few weeks to talk over Vital Statistics and give such information and assistance as may be desired.

DELINQUENTS.

The Registrars of Cornwall, Granby, Lisbon, Prospect and Sherman have failed to report for June, as required by law.

MONTHLY METEOROLOGICAL SUMMARY

Hartford, Connecticut, For June, 1916

MONTHLY SUNSHINE RECORD

Number of hours actual sunshine 211.6-Number of hours possible 455.1

Percentage of possible sunshine 46.

WEATHER.

Number of days, clear.....	7
Partly cloudy.....	9
Cloudy.....	14
On which. 01 inch, or more, occurred	16

Total Precipitation this month in

1905-4.85	1906-2.19	1907-3.44	1908-2.42
1909-2.23	1910-4.16	1911-2.55	1912-0.66
1913-2.07	1914-1.70	1915-1.51	1916-3.86

PRECIPITATION.

Total this month.....	3.86
Total snowfall.....	0.0
Greatest precipitation in 24 hours, date 17-18.....	1.23
Snow on ground end of month.....	0.0
Normal for this month.....	3.08
Excess of this month as compared with the normal.....	0.78
Accumulated deficiency since Jan. 1 ..	2.43

ATMOSPHERIC PRESSURE.

(Reduced to sea level; inches and hundredths.)	
Mean ..29.95	highest 30.13..date 2nd.
Lowest ..	..29.63 date 4th.
Mean monthly relative humidity.....	78%

TEMPERATURE.

Highest. .83, date 28th; lowest 47;..date 10th	
Greatest daily range 29.....date 2nd	
Least daily range 5;.....date 9th	
Mean highest ...71.8; lowest.....	55.1

Mean for this Month in

1905-66	1906-68	1907-65	1908-70	1909-68
1910-66	1911-67	1912-67	1913-68	1914-66
1915-66	1916-63			

Mean for this month.....	63.4
Normal for this month.....	67.1
Absolute maximum for this month for 12 years.....	92
Absolute minimum for this month for 12 years.....	40
Average daily deficiency this month as compared with normal ..	3.7
Accumulated deficiency since Jan 1..	184
Average daily deficiency since Jan. 1.	1.0

WIND

Prevailing direction.....	N. W.
Total movement.....	4929 miles
Average hourly velocity.....	6.8
Maximum velocity (in five minutes) 38 miles per hour, from N. W. on 22nd.	

U. S. Department of Agriculture Weather Bureau.

WILLIAM W. NEIFERT, METEOROLOGIST

ENCOURAGEMENT FOR HEALTH OFFICERS!

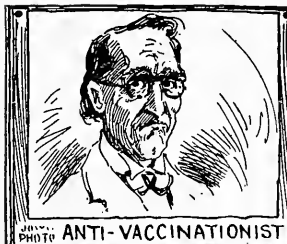
IT COULDN'T BE DONE.

*"Somebody said it couldn't be done
But he, with a chuckle, replied
That "maybe it couldn't but he would be one
Who wouldn't say so till he tried.
So he buckled right in, with a trace of a grin
On his face. If he worried, he hid it,
He started to sing as he tackled the thing
That couldn't be done, and he did it.*

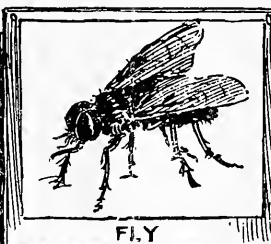
*Somebody scoffed: "Oh, you'll never do that;
At least no one ever has done it."
But he took off his coat and he took off his hat,
And the first thing we knew he'd begun it;
With a lift of his chin, and a bit of a grin,
Without any doubting or quit it,
He started to sing as he tackled the thing
That couldn't be done and he did it.*

*There are thousands to tell you it cannot be done.
There are thousands to prophesy failure;
There are thousands to point out to you, one by one,
The dangers that wait to assail you;
But just buckle in with a bit of a grin,
Then take off your coat and go to it;
Just start in to sing as you tackle the thing
That "cannot be done" and you'll do it."*

The Children's Rogues' Gallery



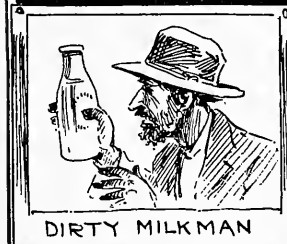
ANTI-VACCINATIONIST



FLY



DOCTOR WHO DONT REPORT CASES CONTAGIOUS



DIRTY MILKMAN



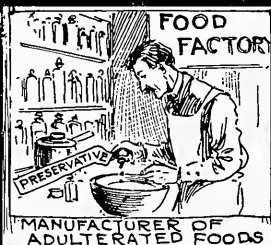
HOKEY-POKEY MAN



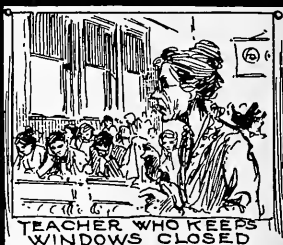
CHILD SLAVER



VIOLATOR OF QUARANTINE



MANUFACTURER OF ADULTERATED FOODS



TEACHER WHO KEEPS WINDOWS CLOSED



PARENT WHO EXPOSES CHILD TO CONTAGION



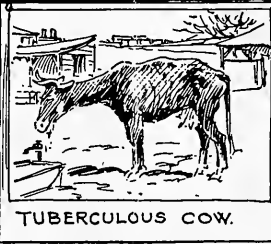
MOTHER WHO DEPRIVES BABY OF NATURAL FOOD



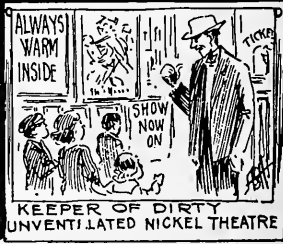
RECKLESS AUTO DRIVER



OPPONENT OF SCHOOL INSPECTION



TUBERCULOUS COW.



KEEPER OF DIRTY UNVENTILATED NICKEL THEATRE

Monthly Bulletin

Connecticut

State Board of Health



AUGUST 1916



THE AFTERMATH

Connecticut State Board of Health

MEMBERSHIP of the Board

EDWARD K. ROOT, M. D., President,	<i>Hartford</i>
ALBERT W. PHILLIPS, M. D.,	<i>Derby</i>
LEWIS SPERRY, Attorney at Law,	<i>South Windsor</i>
ARTHUR J. WOLFF, M. D.,	<i>Hartford</i>
LOUIS J. PONS, M. D.,	<i>Milford</i>
J. FREDERICK JACKSON, Civ. Eng.,	<i>Hamden</i>
JOHN T. BLACK, M. D., Secretary,	<i>New London</i>

Organization

Bureau of Administration	<i>State Capitol</i>	<i>Hartford</i>
John T. Black, M. D.,	<i>Secretary-Executive Officer</i>	
Bureau of Vital Statistics	<i>State Capitol</i>	<i>Hartford</i>
John T. Black, M. D.,	<i>Superintendent</i>	
Bureau of Laboratories	<i>Middletown</i>	
Herbert W. Conn, Ph.D.,	<i>Director.</i>	
Bureau of Sanitary Engineering	<i>New Haven</i>	
J. Frederick Jackson, Civ. Eng.,	<i>In Charge</i>	
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MONTHLY BULLETIN

Connecticut State Board of Health

All communications should be addressed to the Secretary—Hartford, Conn.

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THE POWER OF THE PEOPLE.

Not in recent years has an epidemic of disease so aroused the people as has the present scourge of infantile paralysis.

To the public this disease is a new disease and its attendant paralyzes spell horror almost as great as death. Satisfactory treatment is unknown, and the exact mode of transmission of the disease from one child to another has not, as yet, been determined.

In view of these facts no result can be expected other than the feeling of greatest anxiety and concern, particularly on the part of parents.

While we deplore the occasion for such a **state** of public mind, nevertheless it acts as an incentive for the adoption of conservative and efficient health measures.

It is true that in some communities it has incited somewhat hasty and reactionary methods of control, but the general effect upon the control of communicable diseases will be good.

People will appreciate more than ever before that diseases of a contagious character, while they may invade clean homes and communities, do not originate in such communities.

The unsanitary tenements, dirty streets and alleys, poor and careless garbage disposal, dirty and poorly ventilated theatres and halls, and many other conditions of our **present** day life, will be found responsible for the spread of these diseases.

It will not be long before this epidemic is gone and forgotten and infantile paralysis will take its place with other contagious diseases that are now classed as "ordinary", and which are given little thought.

But is it not time for the public to become anxious and concerned over all contagious diseases? Should not the present interest and activity continue until these diseases, which are killing and maiming thousands of children annually, are under reasonable control? The ordinary disease known as "measles" has already this year cost the lives of 118 children, besides leaving some crippled, others partly blind or deaf and many in delicate health.

Epidemiologists and health officers are doing what they can, but their accomplishments will not be great until they receive the sympathy and earnest support of the public in general.

A WORD TO SNEEZERS.

August and September are the most serious months for hay fever and hay asthma victims. It is generally known that the pollen from certain weeds and grasses is the exciting cause of the affliction, but very little, if anything, has ever been done to eliminate the cause,

Recently there has been organized, in New Orleans, The American Hay Fever Prevention Association, which is endeavoring to secure concerted action toward the elimination of weeds and neglected grasses in the vicinity of human habitations.

Rag weed is the greatest offender and those susceptible to the influence of the pollen from this plant should be particularly careful to avoid it. Weeds in vacant lots within a half mile of the home should be cut, or if this is impossible, a change of residence, even to another part of the same town, may relieve the sufferer.

In traveling with others through fields or lots where dusty weeds are growing, the hay fever sufferer should lead or keep to the windward of his companions. The passing or driving over dusty roads should be avoided as much as possible.

Of course these are merely attempts to avoid the irritating pollen which exists, but the rational way to eliminate hay fever, and one which hay fever sufferers would do well to inaugurate, is the introduction of a movement to require the systematic cutting of weeds on vacant and neglected lots throughout the summer.

There is just as much reason for state or municipal legislation looking to the prevention of hay fever by these means as there is for legislation requiring the oiling and drainage of lowlands to prevent malaria.

Persons susceptible to hay fever should avoid renting or buying property in a neighborhood that is invested with neglected grass and weeds. A concerted movement along this line would probably be of great assistance in correcting these nuisances and saving the sneezers.

HINTS ON HOW TO KEEP COOL IN HOT WEATHER

North Carolina State Board of Health

First of all don't overeat. Be very sparing in the use of meats, eggs, butter, fat, or heat producing foods. Let the diet consist largely of fruits, vegetables and nonconstipating foods. Keep the bowels moving freely and regularly at least once a day, by means of proper diet and exercise.

Try hard to get a regular eight hour allowance of good refreshing sleep every night, preferably in the open air, or on a sleeping porch and always well protected from mosquitoes. A cool dip in the bath tub for just a few minutes just before retiring is a splendid way to prepare for a good nights sleep.

Beware of wearing too heavy or tight or too many clothes. This suggestion is intended primarily for the men. Wear palm beach, or mohair rather than the serges and worsteds. Roll up your sleeves and keep your coats off. Wear as few clothes as the law of the land will permit and that's mighty few.

Drink plenty of water, exercise enough in the open air each day to get a bit tired, keep a clean conscience, don't worry about hot weather and the hot weather won't trouble you.

BOOZE AND BRAINS.

Chicago Health Bulletin.

The fellow with alcohol in his system is not a good witness as to its effects upon himself, for his mind as well as his body is bribed by the drug, and is as full of prejudice as his breath is full of fumes.

You had a glass of beer or three fingers of rye today, didn't you? You think that it puts snap in your wits and steam in your cylinders. You feel fine and think you are ready to tackle your job and meet any problem in sight with a clear head and a strong hand. But your feeling had deluded you. The fact is that the drink you took actually diminished your power to add numbers, memorize, to associate ideas and to see, hear and think quickly.

This statement is not the result of guesswork or a question of anti-this or anti-that on moral grounds. It is based on experiments made by an eminent scientist, Professor Kraepelin of Vienna, who has devised a series of tests and applied them to many individuals, before and after they have taken alcoholic liquor. His findings have been duplicated by other scientific men.

In all cases the ability to add, to memorize and to think quickly were greatly reduced within a few minutes of taking the drink, and the handicap lasted for as long as three days. The more difficult the task, the greater was the handicap, and the more numerous were the mistakes made by the one tested.

Experiments upon four typesetters showed the results of drinking in everyday work. On the average the falling off in efficiency under alcohol amounted to over 15 per cent, as compared to normal conditions. These men were not drunk, but had simply had a moderate drink, just like the one you had today.

Daily moderate drinkers are constantly under this harmful influence of alcohol since the effects of one drink, as is clearly shown by these experiments, do not wear off before the next one is taken. Furthermore, every one of the drinkers observed imagined that he was doing work fully up to grade, while the tests showed it was far below par. These men were not conscious of their mental deficiency.

This should make you think before you order another stein; for while you may drink another fellow's health in it, you are hurting your own brain power. And who does not need all the mind he can muster in these days?

Schiller said, "Wine invents nothing; it only blabs it out."

The great Helmholtz asserted that the slightest amount of alcohol destroyed his power of scientific insight.

Goethe repeatedly declared that so-called stimulation by liquor "could produce only a forced, inferior creation" of ideas.

Happiness and contentment are said to spring from the benumbing influence of alcohol upon the higher brain functions. Such happiness is false, such contentment bought at the expense of individual mental liberty.

John Stuart Mill put it right when he said, "Who would not be a human dissatisfied, rather than a pig satisfied?"

Think before you drink, for after a beer or highball you cannot think so well.

THE WORK OF PUBLIC LABORATORIES.

By Professor H. W. Conn. Director State Laboratory.*

A generation ago Public Health Laboratories did not exist for the simple reason that there was nothing for them to do. The development of the science of Bacteriology has rapidly pointed out lines where they can be of the greatest assistance in advancing public health. The first such laboratory was established about twenty-five years ago in New York for the purpose of aiding in protecting that city from a feared invasion of Cholera. Although not needed for that purpose, it soon proved itself so useful along other lines that it has received a constantly increasing support.

The increasing usefulness of such institutions is well illustrated by the history of our own State Laboratory. When the first plans for its organization were made it was thought that it would be called upon to do only three kinds of work, viz- diagnosis of tuberculosis, diphtheria and typhoid fever. At the outset this was all that was attempted. But the demands developed rapidly, and it has been necessary to add one problem after another until its work today has become extremely varied. A state Laboratory has the peculiar experience of finding that the more it demonstrates its value the more its work is taken away from it and placed in local laboratories. The need of quick diagnosis in many cases, leads one city after another to establish local laboratories where diagnostic work can be done at once, and as fast as this is done the State Laboratory is relieved from most of the work of these cities.

It becomes the function of the state laboratory, therefore, to specialize upon kinds of work that are too costly or too difficult for smaller communities, and to develop new lines of work of value to public health. New lines of work are abundant enough, and the chief problem in directing the work of a laboratory is not in finding new problems, but in deciding from among the many that are coming up each year which are feasible and practical, to undertake in a routine manner, and to exercise care in adopting only such as are of demonstrated value.

The first year of the existence of our State Laboratory about 900 specimens were submitted for examination. At the present time practically 15,000 samples a year are examined and analyzed. The analysis of samples today has also become more complicated, so that the total work of our laboratory is considerably more than fifteen times as great as it was the first year. The appropriation for the maintenance of the laboratory for the first year was three thousand dollars ; at the present time it is nine thousand dollars. An examination for the appropriations for such laboratories in other states shows that there is no state where so much and such a variety of work is done upon such a small appropriation.

The problems that now come before the laboratory with more or less regularity, are given here for the purpose of showing the scope of the work of our Laboratory today.

They are as follows :

DIPHThERIA	{	These four diseases are diagnosed by methods described in a later paper. (September issue.)
TUBERCULOSIS		
TYPHOID FEVER		
MALARIA		

RABIES : Diagnosed by a microscopic study of special preparations from the brain of suspected animals.

PNEUMONIA : Diagnosed by a microscopic study of the sputum of the patient.

MENINGITIS : Diagnosed by the microscopic study of the spinal fluid of the patient.

VINCENT'S ANGINA : Diagnosed by the microscopic study of exudations from the patient's throat.

SEPTIC SORE THROAT : Diagnosed like diphtheria, with results which are, however, less sure than in diphtheria.

ANTHRAX: Diagnosed by examination of the blood for specific anthrax bacilli.

GONORRHEA : Diagnosed by the microscopic study of pus.

PUS EXAMINATIONS: Designed to detect the type of bacteria concerned in forming the pus, the purpose being usually to assist in treatment by bacterial vaccines.

SYPHILIS : Tested by the Complement Fixation method, to be described in another paper.

GLANDERS : Diagnosed by the Complement Fixation method.

CONTAGIOUS ABORTION : Diagnosed by the same method.

RINGWORM : Diagnosed by the direct study of scrapings of hair roots from the infected area.

TYPHOID CARRIERS : Detected by the isolation of typhoid bacilli from faeces or urine of suspects.

TRICHINA : Detected by direct examination of suspected pork.

WATER ANALYSES : For determination of the purity of water supplies. These involve both chemical and bacteriological analyses. The attitude taken in regard to this work is, in general, that where matters of **public health** are concerned the analysis of water is made freely and without expense, but that the laboratory does no private work.

Milk : The growing appreciation of milk as a distributor of disease has led to an attempt to control the character of the State's milk supply. The analyses made at the Laboratory include a chemical analysis, as concerns fat and added water, a determination of the amount of dirt, and the number of bacteria.

MICROSCOPIC EXAMINATION OF MILK : This is becoming recognized of so much value in detecting unwholesome milk that it is being more and more used in the laboratory.

RIVER POLLUTION : An extensive study of the rivers of the state has been made, the results of which it is hoped may be used in the attempt to prevent further pollution of our water courses.

OYSTERS : The extensive injury to the oyster industry by the increasing pollution of the tidal waters of the state has led to the study of Connecticut oysters and the conditions surrounding their production, handling and marketing.

While the above does not include all of the problems which are from time to time presented to the Laboratory, they are all that at the present it is prepared to undertake. Many requests are reaching the Laboratory constantly for assistance in other directions, chemical and bacteriological, for there seems to be a general impression that it is prepared to undertake any chemical or bacteriological work. Most of these requests, not included in the above list, the Laboratory is at present obliged to decline.

The work of the Laboratory is frequently impaired from the fact that most of its specimens must be sent from some distance, involving occasionally exasperating delays. Specimens are always examined at the earliest possible moment after they reach the Laboratory. But occasional delays in transmission by mail and express occur which are quite beyond the control of the Laboratory. Complaints both to the Express Company and the postal officials are frequently made, but in spite of them difficulties in this direction are more or less frequent. Doctors should remember that samples sent **by parcel post are almost sure to be delayed and specimens sent to the Laboratory should either be sent by first class mail or by express, where prompt results are desired.**

Another difficulty not infrequently experienced is in having specimen sent us with no information whatever, not even a name or a postmark. The failure of the doctor to put his name on the card accompanying the specimen is frequent. With hundreds of specimens coming in each week we are quite helpless when one appears without name or address. Of course we can make no report upon such specimens, not knowing from whence they come. Naturally, the doctor who sends the specimen is quite confident that it was properly sent, and hearing nothing he naturally blames the Laboratory for not promptly handling the specimen. Such specimens have to wait until some chance later discloses who sent them, and frequently we never discover the source of such an unlabeled specimen.

If the doctors would themselves see that the card accompanying the specimen is properly filled out, and not leave it to the patient or someone else to do, much of this trouble would be avoided. Indeed, it cannot be too strongly urged that the **doctor should personally collect and send the specimen** rather than to leave this to the unreliable attention of the patient or some other person. Much of the unreliability in the Laboratory results comes from improperly collected or improperly shipped specimens.

**Synopsis of paper read before Eighth Sanitary Conference of Health Officers of Connecticut.*

LABORATORY REPORT — JULY.

Prof. H. W. Conn, Director.

Bacteriological examinations and analyses.

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis,	21	87	4	112
Diphtheria, release,	21	64	—	85
Tuberculosis,	19	87	—	106
Typhoid,	15	68	—	83
Syphilis,	55	207	30	292
Malaria,	4	4	—	8
Glanders,	9	6	5	20
Gonococcus,	2	4	—	6
Rabies,	1	—	—	1
Examination for Streptococci,	5	4	—	9
Milk samples examined, (from 20 towns),				389
Water samples analyzed (from 35 towns),				40
Samples of river water examined,				14
Sewage and effluents examined,				8
Oil samples tested,				2
Total Laboratory operations during July,				1175

VITAL STATISTICS — SUMMARY.

Morbidity Reports — July. In common with all localities adjacent to New York, Connecticut has an infantile paralysis epidemic. 165 cases having been reported in Connecticut during the month, with 37 deaths. This is the first real epidemic of this disease in this locality, although in recent years small outbreaks have occurred in isolated communities. About 40% of the cases are children from New York; approximately 30% are cases that have associated with children recently arriving from New York, and in the remaining 30% the source of infection was undetermined.

Other contagious diseases are about normal, the measles epidemic showing a marked decline. A slight increase is noticed in the whooping cough over the month previous, while typhoid fever shows a marked decrease over the same month last year.

MORTALITY REPORTS — JULY.

Total deaths for July	1555	Death rate	15.0
Death rate towns over	5,000	15.6 Under 5,000 . .	12.1
Average death rate for July last 5 years			15.3
Annual death rate 1915			14.9
Deaths from Communicable diseases			201
Per cent of total deaths			12.9
Deaths under one year	369	Rate per thousand births	122

CASES—COMMUNICABLE DISEASES

REPORTED BY LOCAL HEALTH OFFICERS

JULY 1916

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases see "Notes"	Other Diseases See "Notes"
STATE—TOTAL	1,238,723	31	878	60	223+	125	7	165	165	59	3
Over 50,000 inhabitants:											
New Haven.....	148,951	..	46	3	27	4	1	36	26		
Bridgeport.....	120,688	2	49	6	5	20	..	19	20	G11 s1	x3
Hartford.....	110,354	3	13	6	22	21	1	6	31	G31 s6	..
Waterbury.....	86,342	2	63	..	1	16	..	..	9		
New Britain.....	53,344	..	2	..	2	..	3	1	9		
From 25,000 to 50,000 inhabitants:											
Stamford (city).....	30,622	..	82	5	5	1	..	13	5		
Meriden (city).....	29,046	..	1	..	..	..	..	..	2		
Norwalk.....	26,778	3	1	2	..	..	..	2	3		
From 15,000 to 25,000 inhabitants:											
Danbury (city).....	22,452	..	..	7	..	..	..	..	2		
Norwich (city).....	22,236	1	2	..	..	1	..	..	3		
New London.....	20,925	4	42	3	17	5	..	3	1		
Greenwich (town & boro) ..	19,037	2	5	2	..	2	..	3	2		
Torrington (boro).....	18,000	..	..	..	..	3	1	..	4		
Ansonia.....	16,634	..	17	3	..	1	..	2	1		
Manchester.....	15,465	1	4	1	..	2	..	..	..	G1	
From 10,000 to 15,000 inhabitants:											
Naugatuck.....	14,030	2	47	..	18	1	..	..	1		
Orange.....	13,838	..	5	4	..	1	..	3	..		
Middletown (city).....	13,208	2	34	..	14	3	..	..	3		
Willimantic (city).....	12,605	..	11	6	14	3	..	..	2		
Wallingford (town & boro) ..	12,446	..	1	..	..	..	..	5	2		
Enfield.....	11,531	..	5	..	..	..	..	..	..
From 5,000 to 10,000 inhabitants:											
Derby.....	9,627	..	1	..	..	..	..	4	1		
Middletown (town).....	9,498	1	35	..	7	..	..	..	4		
Winchester.....	9,228	..	..	1	..	4	..	..	..
East Hartford.....	9,177	..	..	..	..	2	..	..	..
Rockville (city).....	8,391	..	..	..	..	2	..	..	1		
Norwich (town).....	8,131	..	..	..	..	..	..	..	3		
Plainfield.....	7,857	1	..	2	..	1	..	..	..
Stonington (town).....	7,556	1	50	..	..	..	..	1	..		
Putnam (city & town).....	7,240	..	6	..	1	1	..	..	..
Fairfield.....	7,121	..	2	..	..	..	..	..	..
Stratford.....	6,945	..	23	..	3	1	..	..	..
Southington (town & boro)	6,890	..	6	..	..	..	..	..	1		
Hamden.....	6,584	..	..	..	1	..	..	3	..		
Plymouth.....	6,336	..	..	..	1	1	..	1	1		
Branford (town & boro).....	6,251	..	1	..	1	..	..	2	2		
Shelton (boro).....	5,989	..	2	..	..	..	..	..	..
Seymour.....	5,533	1	31	..	..	..	..	1	..		
Glastonbury.....	5,117	..	..	..	..	..	..	2	..		
Meriden (town).....	5,042	..	..	..	..	4	..	2	1		
From 2,000 to 5,000 inhabitants:											
Groton (town).....	4,814	..	1	..	..	1	..	1	..		
Milford.....	4,715	..	3	1	..	1	..	4	4		
Windsor.....	4,516	..	..	..	..	2	..	1	..		
Darien (town).....	4,444	..	..	..	9	2	..	1	..		
Westport.....	4,404	..	3	1	3	..	..	..	..
Watertown.....	4,300	..	1	..	..	..	..	1	..		
Windsor Locks.....	4,106	..	3	..	2	..	..	1	..		
New Canaan (town & boro) ..	4,085	..	..	2	..	..	..	..	..
Bethel (tow & boro).....	4,071	..	2	..	..	1	..	..	..
Berlin.....	3,896	..	..	1	..	..	..	..	1		
Thompson.....	3,822	..	2	..	..	..	..	1	..		
Thomaston.....	3,672	..	23	..	..	..	..	..	..
Farmington.....	3,566	..	1	..	..	..	..	..	..
Salisbury.....	3,541	..	2	..	..	..	..	..	..
Jewett City (boro).....	3,502	..	2	..	..	1	..	..	..
East Windsor.....	3,484	..	..	..	..	1	..	..	..
Danbury (town).....	3,466	..	..	..	..	..	..	3	..		
Wethersfield.....	3,454	..	..	..	..	..	..	..	1		
Stafford Springs (boro).....	3,418	..	4	..	..	..	..	..	..
Ridgefield (town & boro).....	3,413	1	..	..	4	..	..	1	1		
Killingly (town).....	3,401	1	..	1	..	2	..	..	..	G1	
Plainville.....	3,297	..	4	..	..	..	..	..	..

Bolton, Bristol, East Granby, Granby and Morris failed to report, towns not listed reported no cases of infectious disease.

CASES—COMMUNICABLE DISEASES (Continued)

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Measles	Scarlet Fever	Whooping Cough	Diphtheria and croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases	Other Diseases See "Notes"
Waterford.....	3,212				2			2			
Portland.....	3,167					1					
Guilford (town & boro)...	3,130		2		12						
Montville.....	3,049		4					3	1		
Litchfield (town & boro) .	2,879		4								
Essex.....	2,874							1			
Newtown (town & boro) .	2,854							2			
Simsbury.....	2,802		14				1		1		
Canton.....	2,764		2		1	5					
East Hampton.....	2,461		2		2						
North Canaan.....	2,391		6								
Stafford (town).....	2,376		5					5			
North Haven.....	2,308										
Cromwell.....	2,282				1						
East Haven.....	2,171					1		3			
Ellington.....	2,101							2			
Saybrook.....	2,070		37								
Mansfield.....	2,067		2								
Pomfret.....	2,013		1						1		
Bloomfield.....	2,005								1		
Groton (boro est.).....	2,000		1					2	2		
Under 2,000 inhabitants:											
Cheshire.....	1,988							1			
Stonington (boro).....	1,966		1						2		
East Lyme.....	1,964		4			6		1			
Sharon.....	1,819							3			
Woodstock.....	1,702					5					
Trumbull.....	1,675		6		2						
Coventry.....	1,591		5								
Old Saybrook.....	1,566					3					
Madison.....	1,543		6			9		4			
Lebanon.....	1,517		12					3			
Beacon Falls.....	1,482		19				1	1			
Windham (town).....	1,478		22								
Chester.....	1,473		10							G1	
Preston.....	1,383	1	1							4	
Rocky Hill.....	1,283	1									
Old Lyme.....	1,181	1	1			5				G1	
Clinton.....	1,181					2					
Tolland.....	1,180		3				1	1			
Colchester (town).....	1,179							1			
Griswold (town).....	1,177						1				
Middlefield.....	1,150		1			1					
Brookfield.....	1,134		1						2		
Easton.....	1,107							1			
Vernon.....	1,059						2				
Colchester (boro).....	1,050		13					1			
North Stonington.....	1,016		5								
Monroe.....	978		1								
Cornwall.....	921		1								
Bozrah.....	898					2					
Middlebury.....	896									1	
Woodbridge.....	893		1					1			
Barkhamsted.....	865				1						
Canterbury.....	864								1		
North Branford.....	844							1	2		
Hebron.....	821		20				3	1			
Lyme.....	744		2					1			
Voluntown.....	724									G6	
Killingworth.....	646		2								
Columbia.....	641							2			
Canaan.....	632		3								
Ashford.....	615		3								
Hampton.....	556		8								
Eastford.....	507		1		+	+					
Chaplin.....	379		1								
Andover.....	363		2								
Marlborough.....	290		1			5					
Union.....	259		4			8					

NOTE:—(s) syphilis; (g) gonorrhoea; (o) ophthalmia; (v) small pox, (c) chicken pox;
 (M) mumps; (x) septic sore throat + few ++ epidemic.

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Line Number.	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1916.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, July 1915.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut.	1,238,723	2,573	85	1893	1,555	15.0	14.7	369	158	349
2	Ansonia	16,634	45	..	29	19	13.7	13.7	7	5	4
3	Branford,	6,251	13	..	6	9	17.4	7.6	3	2	1
4	Bridgeport,	120,688	315	9	219	213	20.3	16.3	71	24	23
5	Bristol,	15,817	40	2	16	11	8.3	4.6	4	1	2
6	Danbury,	25,918	39	1	20	25	8.3	8.8	2	3	7
7	Derby,	9,627	33	2	16	12	7.4	21.3	2	2	2
8	East Hartford,	9,177	14	..	16	7	7.8	13.2	1	2	1
9	Enfield,	11,531	31	..	34	11	11.4	16.9	3	1	3
10	Fairfield,	7,121	17	2	13	9	13.4	12.0	4	..	1
11	Glastonbury,	5,117	6	..	5	4	9.3	2.4	1	1	1
12	Greenwich,	19,037	28	1	29	27	15.1	10.8	10	..	5
13	Groton,	6,814	9	1	7	6	8.8	8.3	1	..	3
14	Hamden,	6,584	13	..	8	9	14.5	24.0	1	1	1
15	Hartford,	110,354	298	8	217	168	15.6	12.6	45	6	33
16	Huntington,	7,129	17	..	10	8	10.0	9.3	..	..	4
17	Killingly,	6,401	5	..	14	7	13.1	13.4	..	..	4
18	Manchester,	15,465	25	2	29	13	10.0	11.8	4	1	3
19	Meriden,	34,088	65	3	58	44	11.6	11.3	6	2	12
20	Middletown,	22,706	21	4	23	34	6.8	12.8	1	2	9
21	Naugatuck,	14,030	17	..	26	12	10.2	8.6	6	1	2
22	New Britain,	53,344	156	..	86	56	12.5	14.2	25	16	11
23	New Haven,	148,951	400	12	295	207	14.7	14.3	52	20	35
24	New London,	20,925	39	..	30	33	14.9	13.8	6	4	6
25	New Milford,	5,133	..	..	9	4	9.3	15.9	..	..	2
26	Norwalk,	26,778	43	3	40	34	13.8	14.9	2	1	10
27	Norwich,	30,367	48	2	30	41	13.0	17.6	4	2	12
28	Orange,	13,838	17	1	18	18	13.0	13.3	2	2	2
29	Plainfield,	7,857	7	..	8	12	15.2	12.0	..	1	2
30	Plymouth,	6,336	17	..	10	8	13.2	15.8	2	..	3
31	Putnam,	7,240	8	..	8	12	18.2	10.0	3	..	2
32	Seymour,	5,533	12	..	7	10	21.6	17.6	5	1	2
33	Southington,	6,890	15	1	12	7	12.1	9.8	2	..	3
34	Stafford,	5,794	4	2	7	8	16.5	7.5	..	..	1
35	Stamford,	34,833	81	..	51	34	13.3	11.6	5	3	8
36	Stonington,	9,522	14	1	12	7	8.8	20.2	..	..	5
37	Stratford,	6,945	22	2	8	9	13.8	14.0	5	..	1
38	Torrington,	19,500	33	2	26	14	8.6	7.5	5	3	3
39	Vernon,	9,450	11	1	16	7	8.8	10.2	..	..	2
40	Wallingford,	12,446	25	1	16	11	10.6	9.7	1	..	7
41	Waterbury,	86,342	180	11	146	109	14.0	13.0	37	20	18
42	West Hartford,	5,781	8	..	2	11	22.8	20.8	9	1	1
43	Winchester,	9,228	20	1	20	15	16.9	6.5	3	2	7
44	Windham,	14,083	33	..	21	16	13.6	22.4	2	1	4
Total of above towns, . .		1,017,605	2,244	75	1673	1,331	15.6	14.7	342	131	268
Towns of less than 5,000, .		221,118	329	10	220	224	12.1	12.2	27	27	81

Non-resident deaths in public Institutions are not included in the death rates of the towns.

HEALTH FOR THE MONTH OF JULY, 1916

FOR JUNE 1916.

DEATHS FROM IMPORTANT CAUSES.															EXTERNAL CAUSES.					
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis.	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.	Deaths in Institutions.	Deaths of Non-residents.	Line Number.
10			16	3	9	5	..	113	16	88	8	37	90	194	122	18	1	416	175	1
..	1	..	1	..	..	..	1	1	..	1	..	7	1	..	..	..	..	2
..	4	1	..	1	..	11	4	10	2	3	17	46	21	9	1	64	8	3
..	1	..	..	1	1	2	..	2	..	3	..	..	..	..	..	4
..	1	..	1	..	1	..	..	1	..	1	..	..	5	6	5
..	2	..	..	..	7	6
..	1	..	..	..	..	1	..	..	..	1	7
..	2	2	..	..	..	6	8
..	1	..	..	..	2	3	..	..	..	1	9
..	3	..	3	..	..	2	1	..	..	..	..	3	10
..	2	..	..	..	..	1	..	..	..	1	11
1	1	..	..	13	..	11	1	2	13	24	13	3	..	81	24	12
..	3	..	..	..	..	..	..	..	..	..	2	2	13
..	1	..	1	..	..	..	..	1	..	..	..	..	14
..	1	..	1	..	..	..	..	2	..	..	..	..	15
..	14	..	4	..	2	1	4	1	..	..	13	11	16
..	1	..	..	3	..	2	..	..	..	1	2	..	..	26	21	17
..	1	..	..	..	..	1	..	..	..	2	..	..	..	..	..	18
3	1	1	1	1	..	3	..	1	2	..	3	16	6	..	..	9	..	19
1	1	1	1	..	..	12	6	10	3	7	18	20	15	6	..	10	7	20
..	4	..	2	..	1	2	1	4	..	..	9	3	21
1	5	..	2	..	1	2	..	2	..	..	15	8	22
..	3	..	2	1	..	2	2	2	..	..	..	3	23
1	1	..	1	..	..	..	1	1	..	..	..	2	24
..	2	1	3	..	3	3	..	2	..	..	9	4	25
..	1	..	..	..	..	1	3	1	1	..	..	1	26
..	2	..	..	..	..	..	1	..	1	..	..	..	27
..	1	..	1	..	..	..	2	..	..	..	..	..	28
..	2	..	..	..	..	..	3	1	..	..	..	1	29
..	2	1	3	..	3	3	..	2	..	..	..	1	30
..	1	..	..	..	..	..	1	..	1	..	..	..	31
..	2	..	..	..	..	..	3	1	..	..	..	..	32
..	1	..	1	..	..	..	1	..	..	..	..	..	33
..	2	1	3	..	3	3	..	2	..	..	9	4	34
..	1	..	..	..	..	1	3	1	1	..	..	1	35
..	2	..	..	1	..	..	2	1	..	..	..	..	36
..	1	..	3	..	..	..	2	1	..	..	..	..	37
1	3	..	..	2	..	2	2	1	..	..	9	22	5	1	..	33	8	38
..	2	..	..	..	..	..	..	..	..	..	..	7	1	..	..	10	..	39
..	1	..	..	..	..	2	..	1	..	..	..	1	2	..	..	4	2	40
9	12	3	7	5	..	97	15	71	8	25	80	177	106	15	1	401	150	41
1	4	2	2	..	..	16	1	17	..	12	10	17	16	3	15	25	25	42

TO PHYSICIANS.

To meet the requirements of the United States government and the Department of Vital Statistics for a better classification of the causes of death, a more exact statement than is sometimes given in the certificate of death should be made. To illustrate: In the case of violent deaths the return should state whether death was due to suicide, homicide, or accident, and if the last what *kind* of accident. In the return of "cancer", "carcinoma", "sarcoma", "malignant tumor," etc., the *seat* of the disease should be stated in each instance. A death reported from "surgical shock," "surgical operation," "operation," etc., should invariably state the *cause* for the relief of which the operations were performed. "Heart failure," "dropsy," etc., are not accepted unless the condition causing the result is stated. Physicians are respectfully requested to observe these requirements.

DELINQUENTS.

The Registrars of East Granby and Scotland have failed to report for July, as required by law.

MONTHLY METEOROLOGICAL SUMMARY

Hartford, Connecticut, For July, 1916

MONTHLY SUNSHINE RECORD

Number of hours actual sunshine 181.1-Number of hours possible 461.4

Percentage of possible sunshine 39.

WEATHER.

Number of days, clear.....	4
Partly cloudy.....	10
Cloudy.....	7
On which .01 inch, or more, occurred	12

Total Precipitation this month in

1905-2.71	1906-5.09	1907-1.86	1908-5.71
1909-1.59	1910-2.47	1911-2.97	1912-2.90
1913-1.83	1914-4.30	1915-6.97	1916-3.52

PRECIPITATION.

Total this month.....	3.52
Total snowfall.....	0.0
Greatest precipitation in 24 hours, date 13th.....	1.17
Snow on ground end of month.....	0.0
Normal for this month.....	4.11
Deficiency of this month as compared with the normal.....	0.59
Accumulated deficiency since Jan. 1 ..	3.02

ATMOSPHERIC PRESSURE.

(Reduced to sea level; inches and hundredths.)	
Mean ..29.99; highest 30.35..date 15th	
Lowest .. .. .. .29.58 date .3rd	
Mean monthly relative humidity.....	83%

TEMPERATURE.

Highest..94, date 31st; lowest 54; ..date 6th;	
Greatest daily range 28.....date 7th;	
Least daily range 7;.....date 9th;	
Mean highest ..82.2; lowest.....	65.0

Mean for this Month in

1905-73	1906-72	1907-73	1908-75	1909-71
1910-74	1911-75	1912-73	1913-73	1914-69
1915-72	1916-74			
Mean for this month.....				73.6
Normal for this month.....				71.6
Absolute maximum for this month for 12 years.....				100
Absolute minimum for this month for 12 years.....				48
Average daily Excess this month as compared with normal ..				2.0
Accumulated deficiency since Jan 1 ..				122
Average daily deficiency since Jan. 1 ..				0.6

WIND

Prevailing direction.....	South
Total movement.....	5167 miles
Average hourly velocity.....	.69
Maximum velocity (in five minutes) 31 miles per hour, from N. W. on 13th.	

U. S. Department of Agriculture Weather Bureau.

WILLIAM W. NEIFERT, METEOROLOGIST

A GOOD BEGINNING

We publish this circular letter by a newly appointed health officer as it appeals to us as a good business-like proposition and one that will bring results.
"Dear Doctor:-

As perhaps you already know, I have been appointed health officer for the town of Litchfield and acting health officer for the Borough of Litchfield. May I not look for and receive your co-operation and assistance in making our town second to none in the State in so far, at least, as regards the sanitary and health conditions ?

We may not all agree as to the use or uselessness of drugs or the method of administration of the same, but we can all agree on one thing I think and that is that the general trend in the practice of to-day is, preventative rather than curative. To the end then, that we may prevent disease, contagious or otherwise, becoming prevalent in our midst, may we not **ALL** work in harmony, seeking the good and welfare of the many rather than of the individual ?

The health officer cannot be expected to have personal knowledge of all those things that may be a menace to the life or health of the community and so he asks that you inform him of any instances that may come under your notice. This is one way that you can help.

As to contagious or infectious diseases, the general statutes of our state provide for the reporting of these. To refresh your memory on these things allow me to quote as briefly as possible.

"Chapter 92, 1915. Section 2534 of the general statute is hereby amended to read as follows: Every physician shall report in writing every case of cholera, yellow fever, typhus fever, leprosy, small-pox, diphtheria, membranous croup, typhoid fever, scarlet fever, diseases of a venereal nature or other contagious or infectious diseases occurring in his practice, to the health officer of the town, city, or borough in which such case occurs, within twelve hours after his recognition of the disease, provided in reporting any disease of a venereal nature the name of the patient suffering from the same shall not be disclosed."

"Chapter 79, 1909. Section 1, It shall be the duty of every physician to report in writing the name, age, sex, color, occupation, place where last employed, if known, and address of every person under his care known by such physician to have tuberculosis, to the health officer * * * * * within twenty-four hours after such fact comes to the knowledge of such physician, * * * *. In case of the vacation of any apartments or premises, by death, by a person having tuberculosis, the Physician signing the death certificate, or in case of the removal therefrom of any such person, the attending physician, if any or if there be none, the person having charge of such premises or apartments, shall within twenty-four hours after such death or removal, give notice thereof to the health officer * * * * * Paragraph 2535, 1902. "Should one or both eyes of an infant become inflamed or swollen or reddened at any time within two weeks after its birth, the midwife, nurse, or attendant having charge of such infant shall report in writing within six hours, to the health officer * * * * *".

Chapter 14, 1913. Section 1. Every physician having knowledge of any person whom he believes to be suffering from poisoning * * * * * contracted as a result of the nature of the employment of such person, shall within forty-eight hours, mail to the commissioner of the bureau of labor statistics a report stating the name, address, occupation etc, * * * * *

One more thing in closing. Your health officer will do his very best to keep on hand a supply of the various articles used by the state board of health in collecting and transmitting specimens for bacteriological, microscopical, or chemical examination. For your convenience these will be placed in Crutch's Pharmacy and may be obtained there. He will also try to keep a reserve supply at his office so that you may secure them there should you at any time be unable to secure them at the pharmacy.

So then, again asking your co-operation and assistance in carrying out the preventative and protective measures that may become necessary from time to time to safeguard the life and health of our people, I am.

Very truly yours,

July 15, 1916.

Marvin Z. Westervelt."

One Reason Why

Children's Diseases Prevail

CONNECTICUT SPENT ALMOST FORTY THOUSAND DOLLARS TO FIGHT FOOT AND MOUTH DISEASE IN 1914



NEGLECTED!

CONNECTICUT HAS LESS THAN FOUR HUNDRED DOLLARS TO FIGHT INFANTILE PARALYSIS IN 1916.

Monthly Bulletin

Connecticut

State Board of Health



September 1916



Summer Boarders

Connecticut State Board of Health

MEMBERSHIP of the Board

EDWARD K. ROOT, M. D., President,	<i>Hartford</i>
ALBERT W. PHILLIPS, M. D.,	<i>Derby</i>
LEWIS SPERRY, Attorney at Law,	<i>South Windsor</i>
ARTHUR J. WOLFF, M. D.,	<i>Hartford</i>
LOUIS J. PONS, M. D.,	<i>Milford</i>
J. FREDERICK JACKSON, Civ. Eng.,	<i>Hamden</i>
JOHN T. BLACK, M. D., Secretary,	<i>New London</i>

Organization

Bureau of Administration	<i>State Capitol</i>	<i>Hartford</i>
John T. Black, M. D.,	<i>Secretary-Executive Officer</i>	
Bureau of Vital Statistics	<i>State Capitol</i>	<i>Hartford</i>
John T. Black, M. D.,	<i>Superintendent</i>	
Bureau of Laboratories		<i>Middletown</i>
Herbert W. Conn, Ph.D.,	<i>Director.</i>	
Bureau of Sanitary Engineering		<i>New Haven</i>
J. Frederick Jackson, Civ. Eng.,	<i>In Charge</i>	
Bureau of Biologic Products*	<i>State Capitol,</i>	<i>Hartford</i>
Bureau of Medical Inspection*	"	"
Bureau of Medical Registration*	"	"
Bureau of Publications and Education*	"	"

*Organization not complete—in charge of the Executive Secretary.

Address all communication to the Secretary, *Hartford, Conn.*

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MONTHLY BULLETIN

Connecticut State Board of Health

All communications should be addressed to the Secretary—Hartford, Conn.

Entered as Second Class Matter at the Post Office at Hartford, Conn.

New Series, Vol. III. No. 9 **HARTFORD, SEPTEMBER 20, 1916** Full Series, Vol. XXX, No. 9

WOLVES IN SHEEP'S CLOTHING.

Unrecognized, unreported and unattended cases of infectious disease are wolves in sheep's clothing — wolves that mingle with innocent and healthy sheep, our children, crippling and devouring those with whom they come in contact.

The shepherd-health officer has little fear of the wolf that has been recognized, and corralled, but he does dread the wolf in disguise, mingling with the unsuspecting sheep.

In the present epidemic of Poliomyelitis much of the spread of the disease is attributed to unrecognized, unreported and unattended cases. At the present time it is believed that there are as many, if not more of these cases in the state than there are recognized cases under control.

A number of circumstances are responsible for this state of affairs, some of which can be remedied and some of which cannot.

The Unrecognized Case.

Poliomyelitis as found in epidemic form is a comparatively new disease, it does not conform with the usual text book description and its manifestations are varied and peculiar. Consequently many physicians and most people are under the impression that unless a case shows some paralysis it is not one of infantile paralysis. Mild and abortive types, not showing paralysis are as frequent as the paralytic types, are fully as dangerous as disseminators of infection and should be promptly isolated.

The Unreported Case.

Occasionally a doctor recognizes an infectious disease but through carelessness neglects to report it. Many demands are made upon the physician but it must not be forgotten that every physician seeing a patient assumes a dual obligation — to faithfully serve his patient and to faithfully serve the public.

The Unattended Case.

The unfortunate increase in the cost of living is responsible for many cases of this class. Various illnesses are now allowed to progress unattended by medical advisors, or, medical advice is sought only after the health of the patient is seriously impaired and, in case of infectious disease, after the exposure of many others to the infection.

The unattended case is the most serious problem of all. By education, free clinics, hospitals and visiting nurses the menace of the unattended case can be lessened but it will be a long time before it will cease to be a grave factor in the spread of disease.

SHALL A HEALTH OFFICER CHARGE FOR CERTIFICATES ?

Numerous inquiries have been made by health officers and others seeking information as to who should be responsible for the service of issuing health certificates.

Health officers are public servants acting under the authority granted by statute and should receive compensation for their services from public funds. When interchange of health certificates becomes necessary to properly protect public health the issuance of a certificate to an individual is not essentially service to the individual, but rather to the public and compensation should be looked for from public funds.

Reasonable bills for such service will no doubt be approved by the county health officers.

SUMMER BOARDERS.

Our frontpiece shows a type of summer boarding house patronized by the poorer classes from New York City. These have been taxed far beyond their capacity this summer by the unusual exodus of children from the infected areas of New York. As many as eighty children have been found on one farm, housed in the farm house and barn. Many of them brought infantile paralysis with them and the problem of control has been most difficult.

VITAMINES.

Vitamines are found in all real foods. Real foods give nourishment and strength. The word vitamines means, life-ammonias. They are ammonia compounds and may be said to give life to foods. Rice, one of our best known foods is wholesome and nourishing, but if we remove its faintly brown coat by polishing, it becomes actually poisonous. Pigeons or chickens fed on polished rice quickly develop paralysis and die, but they grow well and strong if the polishings are given to them. The reason is, the life giving vitamines are in the coating of the grains. Whole unpolished rice grains, will support life in birds and people, but when polished, they lose their food value. Until lately, polished rice was sold at all groceries, but now the health authorities forbid its sale. It was polished by tradesmen to make it white and pear like in appearance. Natural rice is not as pretty as polished rice, but "pretty is as pretty does" and so we have gone back to the natural grain. A disease called beriberi which is frequently fatal is caused by eating foods in which the vitamines have been destroyed by over-cooking or removed as in the

instance of polished rice. Another disease called pellagra which frequently ends in insanity and death is also produced by eating devitaminized foods. It is found that soda kills vitamins and therefore we must not put soda in our foods. Corn bread if cooked with bicarbonate of soda to make it light, has its food value destroyed. If however, the corn meal and soda are made into a dough with sour milk instead of water or sweet milk, then the vitamins are not killed. This is because the lactic acid in the sour milk neutralizes the bicarbonate and makes lactate of soda which does not attack vitamins. At the same time the lactic acid liberates the carbon dioxide gas and it makes the corn bread light and more wholesome. Biscuits made light with bicarbonate of soda (baking soda) and which always have a "soda taste," are very unwholesome. Cooks should not use bicarbonate of soda in cooking dried beans, dried corn, dried peas, and the like, even if it does hasten the process. Our modern fine process white flour, is not as wholesome and nourishing as so-called whole wheat flour because the high milling process takes out the vitamins. Canned goods have no vitamins or at most only very small amounts. Nevertheless they are desirable foods, but people who "live out of cans" make a great mistake. Everyone should eat some raw food or foods every day, at every meal, if possible. All raw fruits and vegetables contain vitamins. Salads are always wholesome, but they like all foods should be eaten in moderation. "An apple a day keeps the doctor away," is an old saying and means eat plenty of raw fruit. *Monthly Bulletin, Indiana State Board of Health.*

LOW PAY FOR SANITARY KNOWLEDGE.

"Some health departments are neither headed nor manned by persons well qualified by knowledge, experience and energy to perform the highly responsible duties required of them. Unless a young man possesses independent means, or is of a philanthropic turn of mind, the salaries offered in health department work are such as promptly to discourage him in any fond dream of speedily acquiring the competence of a millionaire; but with the prevailing appropriations it cannot be otherwise.

"It is a fact, certainly not realized by many, that few thoroughly competent municipal or state department heads fill such positions except at a personal financial sacrifice. Where an official possesses that knowledge and experience competently to fill the position as chief of such a department, the salary offered is but a comparatively small measure of the financial return the same ability would command in private practice." *The American City.*

MOSQUITO PREVENTION WORK.

We are printing a very interesting report showing that considerable good work has been done this summer in ditching and draining mosquito breeding marshes in the southern part of the state. It is hoped that many more communities will take up this work next summer, and the time to prepare for such work is **now**.

On page fifteen of this Bulletin will be found the act of the Legislature of 1915 in full, which shows how the work can be accomplished.

Report of the Anti-Mosquito Committee of the New Haven County Public Health Association, September 7, 1916.

This committee as first constituted, consisted of Doctors C. J. Bartlett, New Haven; E. C. M. Hall, East Haven; G. H. Joslin, Hamden; and W. S. Putney, Milford, but the Association at its meeting April 26, granted the Committee authority to add to its numbers, and for its members to raise funds and promote anti-mosquito work in their several localities.

On May 3, the following were duly elected members of the Committee: Doctors C. A. Bevan, West Haven; C. W. Gaylord, Branford; R. B. Goodyear, North Haven; R. W. Nichols, Montowese, F. W. Wright, and W. E. Britton, New Haven. Dr. C. J. Bartlett was elected President and W. E. Britton Secretary.

The Committee has held five meetings during the summer. It has co-operated with other similar organizations in the County toward eliminating the mosquito pest.

In the spring an illustrated circular, giving information about mosquito, was prepared by the inter-State Anti-Mosquito Committee for use in the schools of New York City. It was understood that any community desiring copies could order them from the printers and get the advantage of a low price on account of the large edition; 44,000 of these were used in Connecticut, each locality bearing the expense, and distributed as follows:

New Haven	26,000	Hamden	5,000
Westville	1,000	Milford	1,000
Fairfield	2,000	North Haven	500
Norwalk	5,000	East Haven	500
Branford	1,200	Madison	500
		Lyme	170

An extra 1,000 copies were purchased by the Civic Federation of New Haven for future use.

The Secretary gave illustrated lectures in Meriden, May 15, in North Haven, May 16, and in West Haven, June 9, on "Mosquitoes and How to Eliminate Them".

During May, June, and July the heavy and frequent rainfalls kept the pools and depressions filled with water, thus providing plenty of breeding places for mosquitoes; the cool weather retarded their development, however, and while mosquitoes were fairly abundant, they would doubtless have been a much greater pest had warm weather prevailed during this period.

The total rainfall for the three months mentioned exceeded that of 1915 by two and three-fourths inches, and exceeded the normal by about three-fourths of an inch, according to the observations of the Federal Weather Bureau taken in New Haven.

The most extensive work which we have to record is the ditching of all the salt marshes in the towns of Madison, Guilford, and Branford east of Branford River. This includes a total of nearly 3,000 acres distributed as follows:

Branford	577.70 acres
Guilford	1085.12 “
Madison	1315.20 “
Total	2978.02 “

This work called for an outlay of more than \$20,000.00, raised wholly by voluntary contributions. It is now about finished and is the largest single contract for such work ever awarded in Connecticut.

Advantage was taken of the new law which gives the Director of the Agricultural Experiment Station authority to make orders and publish notices for the draining of marsh land where mosquitoes breed. If the work is executed to his satisfaction and formally approved by him the towns must maintain the ditches afterwards.

According to our observations and the testimony of several disinterested persons as well as some who opposed such “foolishness” — there has been a marked reduction of mosquitoes throughout this region, and a noticeable absence of mosquitoes in some localities. Of course, near the eastern and western boundaries there still be mosquitoes from the unditched adjoining salt marshes. Then too, on account of labor conditions it was difficult to obtain men, and the work was not finished as soon as expected; meantime there was some breeding on the unfinished Marshes. Next season will probably show a greater benefit.

In Branford and Madison the health officers, who are members of this Committee, have taken an active part in the campaign of publicity and in raising funds.

East Haven.

There has been less interest shown in this town than in some of the others, but certain improvements at Silver Sands are now under consideration, which, if carried through, will materially reduce the number of mosquitoes.

Hamden.

Dr. Joslin succeeded in obtaining a grant of \$300.00 from the town for anti-mosquito work. He also induced, or at least encouraged, the New Haven Water Co., and the Winchester Repeating Arms Co., to fill and drain certain portions of their land which have been a serious breeding place of malarial mosquitoes for several years. The Winchester Co. will build a pumping station and by means of pumps lower the water level on about 50 acres, at an initial cost of some \$70,000.00. The New Haven Water Co. will also fill and drain about 50 acres.

Several other pools, sink-holes, and bogs where mosquitoes breed have been filled by the Winchester Co. with factory waste, without expense to the town or the owners of the property, and a number of smaller improvements have been carried out by property owners.

Meriden.

Dr. L. F. Wheatley, City Health Officer in cooperation with the Meriden Chamber of Commerce, arranged an illustrated lecture after which a free and full discussion of local mosquito and malarial conditions, took place in the presence of about one hundred and twenty five men. Following this meeting, the local Committee raised some money, and Mr. P. L. Buttrick of New Haven was employed to make a survey. We have not learned wheather or not any of the mosquito breeding places were abolished.

Milford.

No report has been received from Milford regarding the work done there, but the Secretary can state that on at least one morning in July salt marsh mosquitoes were a trouble some nuisance three or four miles from their breeding place.

New Haven.

The ditches which have been cut in 1912 and since have been maintained, by means of funds collected by the Anti-Mosquito Committee of the Civic Federation. The Board of Health has provided some inspectors for the past two or three seasons, and the Park Department cooperates by draining and oiling pools within the park limits. An item of \$10,000.00 has also been placed in the budget for next year to ditch the remaining salt marshes within the town limits of New Haven.

Ditching operations are soon to begin on the West side of West River between Congress Avenue and Spring Street, where some 80-90 acres of serious mosquito-breeding salt marsh will this season be made non-breeding. This work is done by the cooperation of the New Haven and the West Haven Anti-Mosquito Committees.

The work of dredging the lower portion of Morris Creek to lower the water level above the tide gate is about to commence. When finished it is believed that this will be a decided improvement.

North Haven.

Dr. Goodyear reports that there were plenty of mosquitoes present and that little interest had been shown and little done to suppress them.

Orange.

In West Haven, the Committee has been active, has raised funds, and besides cooperating with New Haven in ditching a part of the West River marsh, which has been mentioned, has made plans to ditch this season the whole or a part of the Old Field Creek marsh, which furnishes West Haven with its supply of salt marsh mosquitoes. The Committee has also induced the Selectmen to improve several fresh water areas by cleaning ditches and removing rubbish, tin cans, etc., and plans have been made to abolish some of the fresh water breeding places of malarial mosquitoes which have always existed near the center of population in West Haven.

From the foregoing it will be seen that 1916 must be recorded as a year of distinct progress in anti-mosquito work.

W. E. Britton,
Secretary.

LABORATORY REPORT — AUGUST.

Prof. H. W. Conn, Director.

Bacteriological examinations and analyses.

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis,.....	13	38	2	53
Diphtheria, release,.....	14	57	—	71
Tuberculosis,.....	27	107	—	134
Typhoid,.....	40	93	—	133
Syphilis,.....	46	209	18	273
Malaria,.....	5	18	—	23
Glanders,.....	6	12	8	26
Gonococcus,.....	2	1	1	4
Rabies,.....	4	3	—	7
Meningococcus,.....	1	—	—	1
Contagious Abortion,.....	1	—	—	1
Milk samples examined (from 22 towns).....				350
Water samples analyzed (from 45 towns).....				52
Samples of river water examined.....				65
Sewage and effluents examined,.....				4
Oil samples tested,.....				4
Total Laboratory operations during August,.....				1201

VITAL STATISTICS — SUMMARY.

Morbidity Reports; August — Infantile paralysis shows a gain over last month.

July cases	165	deaths 37
Aug. cases	367	deaths 99

Typhoid fever so far this summer shows a marked reduction.

1915		1916	
July	72 cases	July	31 cases
Aug.	266 cases	Aug.	96 cases

Measles, Scarlet Fever and Whooping Cough show a marked falling off in the number of cases reported.

Mortality Reports — August.

Total deaths for August....	1684	Death rate..	16.3
Average death rate for August last five years.....			15.1
Annual death rate 1915.....			14.9
Deaths from Communicable diseases.....			258
Per Cent of total deaths.....			15.3
Deaths under one year 433..		Rate per thousand births	144

CASES—COMMUNICABLE DISEASES

REPORTED BY LOCAL HEALTH OFFICERS

AUGUST 1916

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases See "Notes"	Other Diseases See "Notes"
STATE—TOTAL	1,238,723	96	139	35	174+	72	6	367	168	47	7
Over 50,000 inhabitants:											
New Haven.....	148,951	13	20	2	18	8	...	36	37	...	...
Bridgeport.....	120,688	6	18	2	...	8	3	34	17	G23	...
Hartford.....	110,354	15	3	...	54	7	...	13	23	G13 s2	...
Waterbury.....	86,342	16	11	...	...	11	...	4	11	...	...
New Britain.....	53,344	2	1	1	4	1	...	3	8	s1	...
From 25,000 to 50,000 inhabitants:											
Stamford (city).....	30,622	...	15	...	2	6	...	33	11	...	M4
Meriden (city).....	29,046	1	...	...	...	...	...	7	...	...	...
Norwalk.....	26,778	2	...	1	...	1	...	5	1	...	...
From 15,000 to 25,000 inhabitants:											
Danbury (city).....	22,452	1	...	7	...	1	...	1	3	...	...
Norwich (city).....	22,236	1	...	...	...	...	...	2	3	...	...
New London.....	20,925	5	3	1	10	1	...	2	2	...	...
Greenwich (town & boro).....	19,037	...	2	...	5	4	2	23	1	...	...
Torrington (boro).....	18,000	...	...	...	5	2	...	1	4	...	...
Ansonia.....	16,634	1	...	2	...	...	...	10	1	G1 s1	o1
Bristol (city & town).....	15,817	1	...	...	2	1	...	2	2	...	...
Manchester.....	15,465	3	3	...	...	...	...	...	...	...	...
From 10,000 to 15,000 inhabitants:											
Naugatuck.....	14,030	3	10	1	1	...	...	2	3	...	o1
Orange.....	13,838	2	...	4	...	...	...	12	...	...	...
Middletown (city).....	13,208	...	2	...	28	...	...	1	2	...	...
Willimantic (city).....	12,605	3	1	...	4	1	...	3	2	...	...
Wallingford (town & boro).....	12,446	...	...	1	...	...	...	3	2	...	...
Enfield.....	11,531	1	...	...	...	...	...	1	2	...	...
From 5,000 to 10,000 inhabitants:											
Derby.....	9,627	1	...	...	...	1	...	5	...	...	o1
Middletown (town).....	9,498	...	...	1	...	...	...	1	4	...	...
Winchester.....	9,228	...	...	...	...	...	...	1	...	...	...
East Hartford.....	9,177	1	...	1	...	...	...	1	...	...	...
Rockville (city).....	8,391	...	...	...	...	...	...	...	2	...	...
Norwich (town).....	8,131	...	...	...	...	...	...	1	...	...	...
Plainfield.....	7,857	...	...	...	...	1	...	...	1	G1	...
Stonington (town).....	7,556	...	5	...	...	...	...	3	1	...	...
Putnam (city & town).....	7,240	...	...	...	...	...	...	...	2	...	...
Fairfield.....	7,121	2	3	...	...	...	...	6	...	...	...
Stratford.....	6,945	...	2	...	...	...	...	4	1	...	...
Southington (town & boro).....	6,890	...	3	...	...	...	...	3	...	...	...
Hamden.....	6,584	1	1	...	...	...	...	6	...	...	...
Plymouth.....	6,336	2	1	...	1	...	...	...	...	s1	...
Branford (town & boro).....	6,251	...	...	...	1	1	...	1	...	...	...
Shelton (boro).....	5,989	1	...	...	...	...	...	2	1	...	...
West Hartford.....	5,781	...	1	...	6	...	...	1	...	...	...
Seymour.....	5,533	...	2	...	...	...	...	...	1	...	...
Glastonbury.....	5,117	...	...	...	...	...	...	2	...	...	...
Meriden (town).....	5,042	...	...	...	...	...	...	4	1	...	...
From 2,000 to 5,000 inhabitants:											
Groton (town).....	4,814	2	...	...	...	...	...	...	...	...	...
Milford.....	4,715	...	2	1	1	1	...	6	1	...	...
Windsor.....	4,516	...	...	...	...	...	...	7	...	...	...
Darien (town).....	4,444	...	...	...	...	...	...	3	...	G1	...
Watertown.....	4,300	...	...	...	...	...	...	3	...	...	...
Stamford (town).....	4,211	...	...	...	...	...	...	1	...	...	...
Windsor Locks.....	4,106	2	...	...	...	...	...	6	...	...	...
New Canaan (town & boro).....	4,085	...	1	...	...	3	...	9	...	...	...
Bethel (town & boro).....	4,071	...	...	...	...	1	...	1	...	...	...
Suffield.....	4,033	...	1	...	...	...	...	5	...	...	...
Berlin.....	3,896	...	2	1	...	...	...	2	1	...	...
Thompson.....	3,822	...	...	...	...	...	...	1	...	...	...
Thomaston.....	3,672	2	...	...	...	...	...	...	...	...	...
Farmington.....	3,566	...	...	...	2	...	...	1	...	...	...
Salisbury.....	3,541	...	...	...	...	...	...	3	...	...	...
Jewett City (boro).....	3,502	...	...	...	...	1	...	...	...	...	...
Wethersfield.....	3,454	...	...	...	...	1	...	1	...	...	...
Ridgefield (town & boro).....	3,413	...	...	...	...	...	...	1	...	...	...
Stafford Springs (boro).....	3,418	...	...	...	...	1	...	...	...	...	...
Killingly (town).....	3,401	...	...	...	...	...	...	1	...	...	...
Plainville.....	3,297	...	2	...	...	...	...	1	...	...	...

Batam, has failed to report ; towns not listed reported no cases of infectious disease.

CASES—COMMUNICABLE DISEASES (Continued)

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Measles	Scarlet Fever	Whooping Cough	Diphtheria and croup	Cerebro Spina Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases	Other Diseases See "Notes"
Waterford.....	3,212	.....	1	.....	.....	.....	.....	1	.....	.....	.....
Guilford (town & boro) .	3,130	.....	.....	.....	3	.....	.....	.....	.....	.....	.....
Montville.....	3,049	.....	.....	.....	.....	.....	.....	1	1	.....	.....
Litchfield (town& boro) .	2,879	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Essex.....	2,874	.....	.....	.....	.....	2	.....	.....	.....	.....	.....
Newtown (town & boro) .	2,854	.....	.....	4	.....	.....	.....	1	.....	.....	.....
Simsbury.....	2,802	1	.....	.....	.....	.....	.....	2	.....	.....	.....
Canton.....	2,764	.....	.....	1	.....	.....	.....	2	.....	.....	.....
East Hampton.....	2,461	2	.....	.....	.....	.....	.....	5	.....	.....	.....
South Windsor.....	2,393	.....	.....	.....	.....	2	.....	1	.....	.....	.....
North Canaan.....	2,391	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Stafford (town).....	2,376	.....	2	.....	.....	.....	.....	.....	.....	.....	.....
North Haven..	2,308	.....	.....	.....	1	.....	.....	2	.....	.....	.....
East Haven...	2,171	.....	.....	.....	.....	.....	.....	8	1	.....	.....
Ellington.....	2,101	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Newington.....	2,077	.....	6	.....	.....	.....	.....	.....	.....	.....	.....
Saybrook.....	2,070	.....	.....	.....	6 +	.....	.....	1	.....	.....	.....
Pomfret.....	2,013	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
Groton (boro est.).....	2,000	.....	.....	.....	.....	.....	.....	.....	2	.....	.....
East Lyme.....	1,964	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
Sharon.....	1,819	.....	.....	.....	.....	.....	.....	1	1	.....	.....
Wilton.....	1,770	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
Redding.....	1,731	.....	1	.....	1	.....	.....	.....	.....	.....	.....
Washington.....	1,704	.....	.....	.....	.....	.....	.....	1	1	.....	.....
Woodstock.....	1,702	.....	.....	.....	.....	.....	.....	2	.....	.....	.....
Trumbull.....	1,675	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Old Saybrook.....	1,566	.....	.....	.....	2	.....	.....	.....	.....	.....	.....
Brooklyn.....	1,558	.....	.....	.....	.....	.....	.....	.....	1	.....	.....
Madison.....	1,543	.....	.....	.....	6	.....	.....	1	.....	.....	.....
Lebanon.....	1,517	1	.....	1	.....	.....	.....	3	.....	.....	.....
Torrington (town).....	1,500	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
Norfolk.....	1,498	.....	.....	.....	.....	.....	.....	.....	1	.....	.....
Windham (town).....	1,478	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Chester.....	1,473	.....	4	.....	5	.....	.....	2	.....	.....	.....
Granby.....	1,433	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Preston.....	1,383	.....	.....	.....	.....	.....	.....	.....	5	.....	.....
Avon.....	1,358	.....	.....	.....	.....	.....	.....	2	.....	.....	.....
Willington.....	1,248	.....	.....	.....	.....	.....	.....	.....	1	.....	.....
Clinton.....	1,181	.....	.....	.....	1	.....	.....	2	.....	.....	.....
Colchester (town).....	1,179	.....	.....	.....	.....	.....	.....	12	.....	.....	.....
Middlefield.....	1,150	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Huntington (town).....	1,140	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Brookfield.....	1,134	.....	.....	.....	1	.....	.....	.....	2	.....	.....
Under 2,000 inhabitants:											
Oxford.....	1,060	1	.....	.....	.....	.....	.....	1	.....	.....	.....
Vernon.....	1,059	.....	.....	2	.....	.....	1	.....	.....	.....	.....
Colchester (boro).....	1,050	.....	.....	.....	.....	.....	.....	2	.....	.....	.....
Westbrook.....	991	.....	.....	.....	.....	.....	.....	2	.....	.....	.....
Monroe.....	978	.....	3	.....	.....	.....	.....	.....	.....	.....	.....
Cornwall.....	921	.....	2	.....	.....	.....	.....	.....	.....	.....	.....
Bozrah.....	898	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
East Granby.....	864	.....	.....	.....	.....	.....	.....	2	.....	.....	.....
Herbron.....	821	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Morris.....	768	1	.....	.....	.....	.....	.....	7	.....	.....	.....
Voluntown.....	724	.....	.....	.....	.....	.....	.....	.....	1	63	.....
New Fairfield.....	603	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Hampton.....	556	.....	2	.....	.....	.....	.....	.....	.....	.....	.....
Bethlehem.....	535	.....	.....	1	.....	.....	.....	.....	1	.....	.....
Sherman.....	516	.....	2	.....	.....	.....	.....	.....	.....	.....	.....
Eastford.....	507	.....	.....	.....	.....	.....	.....	.....	1	.....	.....
Salem.....	428	.....	.....	.....	.....	.....	.....	3	.....	.....	.....
Bolton.....	419	.....	2	.....	.....	.....	.....	.....	.....	.....	.....
Warren.....	400	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Marlborough.....	290	.....	.....	.....	2	.....	.....	.....	.....	.....	.....
Union.....	259	.....	.....	.....	2	.....	.....	.....	.....	.....	.....

NOTE:—(s) syphilis; (g) gonorrhoea; (o) ophthalmia; (v) small pox, (c) chicken pox
 (m) mumps; (x) septic sore throat + few ++ epidemic.

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Line Number.	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1916.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, August 1915.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut.	1,238,723	2942	113	2157	1684	16.3	15.3	433	179	364
2	Ansonia.....	16,634	49	2	15	18	12.9	13.8	8	2	4
3	Branford.....	6,251	10	..	4	8	11.5	15.4	2	..	3
4	Bridgeport.....	120,688	344	13	189	199	19.1	15.1	61	23	22
5	Bristol.....	15,817	42	1	12	16	12.1	13.1	8	3	2
6	Danbury.....	25,918	38	2	6	21	9.7	13.1	5	3	7
7	Derby.....	9,627	44	4	17	16	14.9	18.8	7	2	1
8	East Hartford,...	9,177	28	1	7	4	3.9	17.1	1	1	..
9	Enfield.....	11,531	44	2	24	17	17.6	15.9	5	1	4
10	Fairfield.....	7,121	21	..	2	12	20.2	15.4	6	2	2
11	Glastonbury.....	5,117	12	..	4	6	14.0	16.5	..	..	2
12	Greenwich.....	19,037	51	..	14	27	16.3	10.9	5	4	8
13	Groton.....	6,814	14	..	1	1	0.0	17.8	..	..	..
14	Hamden.....	6,584	16	1	5	9	14.5	16.6	2	..	3
15	Hartford.....	110,354	329	7	124	172	14.8	15.8	52	17	30
16	Huntington.....	7,129	16	1	5	10	3.3	15.3	..	..	1
17	Killingly.....	6,401	13	..	9	8	14.9	11.2	1	1	2
18	Manchester.....	15,465	35	2	12	16	12.4	7.8	7	2	3
19	Meriden.....	34,088	71	8	37	39	11.6	20.5	7	5	6
20	Middletown.....	22,706	35	1	13	36	10.5	8.9	7	1	16
21	Naugatuck.....	14,030	32	..	16	10	8.5	16.4	2	1	3
22	New Britain.....	53,344	157	4	46	53	11.6	12.4	24	3	6
23	New Haven.....	148,951	425	22	158	237	16.5	14.0	56	32	46
24	New London.....	20,925	67	2	22	32	16.0	9.6	6	2	11
25	New Milford.....	5,133	3	..	1	5	11.6	15.0	1	..	2
26	Norwalk.....	26,778	42	1	23	27	12.0	13.1	6	2	9
27	Norwich.....	30,367	64	4	29	50	12.6	16.0	8	7	13
28	Orange.....	13,838	17	2	8	18	13.8	10.6	4	1	5
29	Plainfield.....	7,857	10	..	7	7	10.6	12.4	1	1	3
30	Plymouth.....	6,336	9	..	8	4	7.5	7.7	..	1	..
31	Putnam.....	7,240	11	..	9	12	18.2	9.9	5	..	3
32	Seymour.....	5,533	19	..	3	3	6.5	13.2	1	..	1
33	Southington.....	6,890	12	..	4	12	19.1	15.7	5	..	3
34	Stafford.....	5,794	13	..	6	3	6.2	14.6	1	..	2
35	Stamford.....	34,833	70	4	42	58	18.2	16.5	3	22	8
36	Stonington.....	9,522	18	1	7	13	16.3	17.7	1	3	2
37	Stratford.....	6,945	18	..	8	8	13.8	26.5	3	1	3
38	Torrington.....	19,500	46	3	22	24	14.1	8.2	10	1	3
39	Vernon.....	9,450	14	..	10	5	6.3	6.3	1	..	2
40	Wallingford.....	12,446	28	1	9	13	11.5	12.6	6	..	4
41	Waterbury.....	86,342	222	9	77	133	17.0	16.2	55	14	12
42	West Hartford,...	5,781	8	1	1	6	10.3	31.7	1	1	2
43	Winchester.....	9,228	21	1	8	9	10.4	7.8	2	..	3
44	Windham.....	14,083	34	1	13	29	20.4	10.3	9	4	6
Total of above towns,...		1,017,605	2572	101	1037	1406	16.5	15.7	395	163	268
Towns of less than 5,000,...		221,118	370	12	114	278	15.0	10.7	38	16	96

Non-resident deaths in public Institutions are not included in the death rates of the towns.

HEALTH FOR THE MONTH OF AUGUST, 1916

FOR JULY 1916.

DEATHS FROM IMPORTANT CAUSES.														EXTERNAL CAUSES.			Deaths In Institutions.	Deaths of Non-residents.	Line Number.	
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.				Homicide.
6	1	1	11	1	2	10	1	119	21	105	4	99	69	267	104	8	1	458	214	1
2	1	1	..	..	..	15	1	17	..	12	13	33	10	1	..	61	2	3
1	1	..	1	..	1	1	2	1	..	..	..	..	4
..	2	..	..	..	1	..	3	..	..	..	3	..	6
..	1	..	..	..	..	1	..	1	..	..	..	5	2	..	..	5	4	7
..	2	..	..	..	1	..	4	..	..	..	..	1	8
..	1	..	..	..	1	..	2	1	..	..	..	..	10
..	1	..	..	..	..	2	1	..	..	3	..	3	2	2	..	10	1	11
..	2	1	..	10	2	10	..	6	10	39	14	..	..	89	35	12
..	1	..	..	..	..	8	..	2	..	..	..	..	..	..	8	8	1	13
..	1	..	..	7	..	1	..	2	2	3	1	..	..	12	6	14
..	2	..	..	..	..	1	..	1	..	..	..	5	3	..	..	19	16	15
..	1	..	..	1	..	2	..	2	2	19	4	1	..	9	1	16
..	3	..	2	2	..	3	5	18	3	23	11	30	17	..	98	31	22	17
..	14	..	5	..	1	1	1	2	..	8	4	23	18
..	1	..	2	1	1	..	..	2	4	2	..	..	5	..	19
..	6	2	4	..	6	1	5	2	..	27	18	2	20
..	3	..	..	1	1	1	..	..	..	..	21
..	1	1	1	..	..	1	1	1	..	..	..	1	22
..	1	..	..	..	..	1	..	1	1	..	..	1	1	..	..	..	1	23
..	1	..	1	..	1	1	..	1	4	1	..	..	..	1	24
..	1	..	..	1	..	2	..	3	..	15	3	8	4	..	23	5	..	25
..	1	1	..	..	2	..	1	..	..	..	..	..	26
..	1	..	..	..	..	1	1	2	..	1	1	3	2	..	..	..	1	27
2	1	..	..	1	..	1	2	1	..	..	4	42	10	1	35	10	1	28
..	1	1	1	..	2	1	1	29
..	1	..	..	..	..	..	..	1	1	1	..	..	..	..	30
5	1	..	11	1	6	8	..	94	17	90	4	80	60	249	89	6	426	163	5	31
1	2	2	2	..	25	4	15	..	19	9	18	15	2	32	51	..	32

BIRTH CERTIFICATES AGAIN.

In a recent issue an appeal was made for more complete birth certificates. Some improvement has been noted but many are still returned incomplete.

Hospital physicians are particularly requested to give street and number or locality of the residence of the FATHER. A child born in a hospital has little chance of locating its childhood home in the future when the birth certificate merely states that it was born in a hospital.

But even many rural certificates would be more satisfactory if the LOCALITY of the birth was entered as well as the town in which the birth occurred. For example a certificate giving Groton as a place of birth should indicate whether the child was born in Groton Borough, Village of Mystic, Noank, Center Groton, or some other settlement in the town.

MONTHLY METEOROLOGICAL SUMMARY

Hartford, Connecticut, For August, 1916

MONTHLY SUNSHINE RECORD

Number of hours actual sunshine 261.7-Number of hours possible 428.7

Percentage of possible sunshine 6.

WEATHER.

Number of days, clear.....	11
Partly cloudy.....	11
Cloudy.....	9
On which .01 inch, or more, occurred	7

Total Precipitation this month in

1905-5.08	1906-2.65	1907-1.03	1908-6.74
1909-3.35	1910-2.98	1911-5.56	1912-3.02
1913-3.89	1914-1.96	1915-6.83	1916-3.44

PRECIPITATION.

Total this month.....	3.44
Total snowfall.....	0.0
Greatest precipitation in 24 hours, date 27, 28.....	2.38
Snow on ground end of month.....	0.0
Normal for this month.....	4.56
Deficiency of this month as compared with the normal.....	1.12
Accumulated deficiency since Jan. 1 ..	4.14

ATMOSPHERIC PRESSURE.

(Reduced to sea level; inches and hundredths.)
 Mean . . .29.98; highest 30.27..date 29th
 Lowest29.54 date .8th
 Mean monthly relative humidity.....78%

TEMPERATURE.

Highest. .94, date 8th; lowest 48;..date 29th;
 Greatest daily range 33date 21st;
 Least daily range 7;.....date 10th;
 Mean highest...82.4; lowest..... 61.7

Mean for this Month in

1905-68	1906-73	1907-69	1908-69	1909-69
1910-69	1911-70	1912-68	1913-71	1914-71
1915-69	1916-72			

Mean for this month.....	72.0
Normal for this month.....	68.9
Absolute maximum for this month for 12 years.....	96
Absolute minimum for this month for 12 years.....	43
Average daily Excess this month as compared with normal	3.1
Accumulated deficiency since Jan 1..	26
Average daily deficiency since Jan. 1.	0.1

WIND

Prevailing direction.....	South
Total movement.....	5007 miles
Average hourly velocity.....	6.7
Maximum velocity (in five minutes) 32 miles per hour, from N. W. on 23rd.	

U. S. Department of Agriculture Weather Bureau.

WILLIAM W. NEIFERT, METEOROLOGIST

THE WAY TO GO ABOUT IT.

An Act providing for the Elimination of Mosquito Breeding
Places or Areas.

*Be it enacted by the Senate and House of Representatives in General Assembly
convened:*

Section 1. The director of the Connecticut agricultural experiment station may make rules and orders concerning the elimination of mosquitoes and mosquito breeding places or areas, and he or his agents or employees may enter upon any swamp, marsh, or land to ascertain if mosquitoes breed thereon, or to survey, drain, fill, or otherwise eliminate any such mosquito breeding place.

Sec.2. Whenever sufficient funds have been raised for the purpose by the state or by any city, borough, or town in which such swamp, marsh, or land is located, or by voluntary contributions, said director shall drain, fill, or otherwise treat such place or area, or cause any such place or area to be drained, filled, or mosquito breeding there in otherwise eliminated, and shall cause notice of any such order to be given to the owners of any such place or area by publishing a copy of such order containing a description of the place or area proposed to be drained, filled, or mosquito breeding there in otherwise eliminated, with the proposed plan of elimination, at least three times in a newspaper having a circulation in the locality where such place or area is situated, such publication to begin not less than ten days before beginning such elimination. Any person claiming to be aggrieved because of any such proposed draining or filling may, within ten days after publication of such notice, apply to the superior court or any judge thereof in the county in which such land is located, for relief from such order, and shall cause a copy of such application to be served upon said director not less than six days before hearing thereon, and said court or such judge may make any proper order concerning the proposed plan of elimination of mosquito breeding.

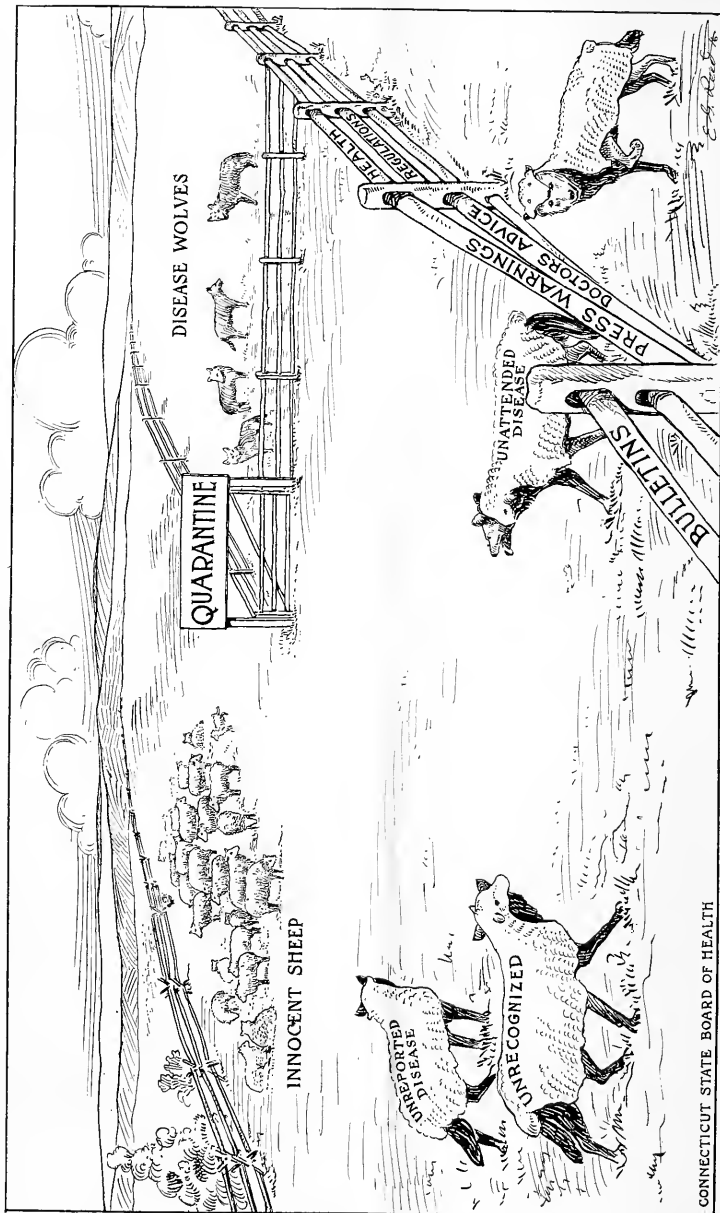
Sec. 3. Any city, borough, or town wherein any such place or area has been drained to the approval of said director shall keep in repair and free from obstruction any ditch, canal, or drain connected with such place or area, and, upon order of said director, shall construct and maintain suitable tide gates, and may appropriate funds for such purposes and for use under the provisions of this act.

Sec. 4. Any person obstructing the work of examining surveying, or ditching, or otherwise treating such mosquito breeding areas, or obstructing any ditch, canal, or drain, or the natural outlet of any marsh forming mosquito breeding areas, shall be fined not more than one hundred dollars, or in prisoned not more than ninety days, or both.

Sec. 5. This act shall take effect from its passage.

Approved, May 18, 1915.

Dont forget — Now is the Time



CONNECTICUT STATE BOARD OF HEALTH

Wolves in Sheep's Clothing.

Monthly Bulletin

Connecticut

State Board of Health



October, 1916.

2¢

Are the people of Connecticut satisfied with
a "Two Cent" Health Department?

Connecticut State Board of Health

HARTFORD.

Membership of the Board

EDWARD K. ROOT, M. D., President,	<i>Hartford</i>
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Organization

Bureau of Administration	John T. Black, <i>Executive-Secretary</i>
Bureau of Laboratories	Herbert W. Conn, <i>Director</i>
Bureau of Sanitary Engineering	J. Frederick Jackson, <i>In Charge</i>
Bureau of Vital Statistics	John T. Black, <i>Superintendent</i>
Bureau of Communicable Diseases	} Organization not complete; under supervision of Executive Secretary.
Bureau of Medical Registration	
Bureau of Publicity & Education	
Bureau of Supplies and Biologic Products	

Address all communications to

The Secretary, Connecticut State Board of Health, Hartford, Conn.

This Bulletin free to any citizen of Connecticut for the asking.

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MONTHLY BULLETIN

Connecticut State Board of Health

All communications should be addressed to the Secretary—Hartford, Conn.

Entered as Second Class Matter at the Post Office at Hartford, Conn.

New Series, Vol. III. No. 10 **HARTFORD, OCTOBER 20, 1916** Full Series, Vol. XXX, No. 10

ARE YOU SATISFIED ?

The State Board of Health expends approximately \$24,000. annually. To meet his expenditure each one of the million and a quarter people in the State must contribute *two cents a year*.

This sum pays all salaries and expenses of the department including the maintenance of a laboratory, the free distribution of antitoxins and supplies for vital statistics.

When it is considered that of the \$24,000 total \$9,000 is required for the laboratory, \$6,000 for antitoxins and \$3,000 for vital statistics, very little is left for general health work which is of great importance.

There is a rapidly increasing and insistent demand for information on health subjects but many requests for literature, exhibits and lectures must be refused.

Two hundred health officers desire counsel and advice and occasionally seek assistance, very little of which it is possible to grant.

Epidemics which jeopardize the health of the State instead of being met with organized opposition directed by a central body are fought by local health officers each with individual methods and ideas.

Water and Sewerage Systems receive occasional attention but do not receive the systematic inspection and constant supervision that is necessary.

Stream pollution has been studied and it's dangers defined but no definite action taken to remedy the conditions.

It has been determined by intensive investigations that there are many good oysters and some bad oysters but it has been impossible to introduce practical measures to safeguard the public and protect the oysterman.

These are just *some* of the failures of your board to protect and preserve the public health to the extent, and in the efficient manner it desires.

Are you satisfied with a "two cent" board of health ? Is not two cent s a ridiculously small sum for the protection of the life and health of a State ? Are you one of the many who appealed this summer to the State Board to take up the fight against the prevailing epidemic, only to find that the board had neither guns nor ammunition ?

Can we afford to continue this policy of unpreparedness ?

It is for you to decide !

WARNING — SMALLPOX!

At the regular meeting of the State Board of Health, held on the 10th day of October, 1916, the following vote was passed:

VOTED: **That**, the presence of a number of scattered cases of smallpox in the State constitutes a serious menace to the health of the people.

That, this Board should officially warn health officers and the public of this danger and urge general vaccination.

That, the Secretary be authorized to procure vaccine for free distribution to the health officers and to distribute such literature on vaccination, and on the symptoms and management of smallpox, as deemed necessary,

Experience has taught that when a community neglects general vaccination, soon or later it will suffer from an outbreak of smallpox. Connecticut has had so little smallpox in late years that the percentage of non vaccinated has grown larger and the danger of an epidemic has grown greater.

It is with considerable concern that we note scattered cases in the Western part of the State and it is hoped that all health officers will heed the official warning of the State Board of Health and institute an active campaign for general vaccination.

“GOING SOME”.

No doubt many health officers so expressed themselves when they received the blank form for their Annual Report from this Department. We believe however, after careful perusal, every health officer will appreciate the value of this information to a department that is endeavoring to enlarge its scope of usefulness in assisting local health officers.

To those who are not health officers we will say that we have asked each health officer for over a hundred points of information covering the health work and conditions in his town, which we fully realize will require considerable work and investigation. The response has been good and we believe the compilation of this information will reveal facts and figures of immense value in the study of the health conditions of the State.

LESS TYPHOID

The low number of typhoid fever cases this summer is worthy of notice *If every one of these cases was carefully managed and not allowed to pass from observation until it was definitely determined that it was no longer infective, we should have little or no typhoid next year.*

Typhoid in Connecticut

	1912	1913	1914	1915	1916
May.....	68	45	32	30	17
June.....	53	41	39	63	37
July.....	117	80	50	72	31
Aug.....	158	192	93	226	95
Sept.....	123	238	195	180	91
Total	519	596	409	571	271

POLIOMYELITIS.

John T. Black M. D. *

No disease or plague has ever attracted the attention of the profession and public at large as has the present epidemic of poliomyelitis.

History.

Infantile paralysis was first described by von Heine in 1840, and it was first recorded as an epidemic disease in 1887, almost fifty years later. Since that time epidemics have been observed in all parts of the world, the most notable being those in Sweden in 1905, and in 1910, 1911 and 1912, 10,000 cases having been reported in these three years.

Since 1905 numerous small epidemics have been reported in this country from Vermont to Alabama and from coast to coast. In 1907 New York had 2,500 cases. In 1909 Massachusetts reported 1,000. Minnesota, Iowa and Vermont have reported epidemics of several hundred each and in 1910 there were 168 cases reported in this state. In almost every state in the Union the disease has been endemic during these years. The epidemic through which we are now passing originated early in May along the Brooklyn waterfront and it has spread rapidly throughout the surrounding states until there are now almost 20,000 cases in New York and adjoining states this being the largest, and, at the same time, the most fatal epidemic in the history of the world.

Etiology.

Anterior Poliomyelitis, until recently, has been described as a purely degenerative disease of the nervous system, involving the anterior horns of the cord. Now it is well recognized as a systemic infection with nervous symptoms and paralyses as secondary and, not necessarily constant manifestations.

The infective agent is an extremely minute micro organism, about which little is known. The organism has, however, been cultivated, and by inoculating the monkey, the disease has been reproduced in the monkey. It has been found that these organisms will resist drying, are easily destroyed by carbolic acid, require higher temperatures to destroy than most organisms and are easily killed by cold.

The organism, or so called virus, has been found in the tissues and secretions of those dead of poliomyelitis, in the naso pharyngeal and intestinal secretions of those acutely ill with, or convalescent from poliomyelitis, and in the naso pharyngeal secretions of well persons who have been intimately associated with one ill with the disease. It has also been isolated from dust, taken from the sick room and from articles recently handled by a person ill with the disease.

Modes of Transmission.

The manner in which poliomyelitis is transmitted constitutes a problem that epidemiologists have been working hard to solve. Monkeys can be infected by rubbing the virus on the uninjured nasal mucous membrane, as well as by injection into the brain and stomach. Infection by nasal mucous membrane being much more constant than by introduction into the stomach, contact with secretions from one suffering with poliomyelitis would naturally be considered the predominating mode of transmission.

Persons who have been in contact with a patient may be "carriers" by infected naso-pharyngeal membranes or contaminated clothing. Dust which has been infected by secretions from the patient and articles recently handled by a patient may at times infect well persons.

While these modes of transmission will account for the majority of cases, there are sufficient numbers of isolated cases to lead us to believe that still other means of transmission prevail. Flies, mosquitoes, bugs of all sorts, domestic animals, milk and money have all been under suspicion, but so far nothing has been proven. Of course, domestic animals and milk bottles contaminated in the sick room may, in rare instances, transmit the disease. It is sincerely hoped that when the statistics and studies of the present epidemic are compiled, more definite information along this line will be available.

Period of Incubation.

We fully believe that the period of incubation will be definitely determined when the data collected during the present epidemic becomes available, but it is already generally conceded that the average period is from five to ten days, usually eight. As in all other diseases, longer and shorter periods are noted, and in some well studied cases of poliomyelitis, the period of incubation has been given as five weeks, but for practical purposes we believe that under two weeks should be the time considered.

Types of the Disease.

Various authorities have variously described this malady but from an epidemiological standpoint, there are but two prominent types, — the non-paralytic and paralytic.

The *non-paralytic* type is rarely recognized and yet is believed by many to far outnumber the paralytic type. A child becomes listless and drowsy has headache and fever, slight digestive disturbance may have slight nasal discharge, sore throat or muscular weakness and then suddenly returns to normal health. This you will recognize as what is usually described as the "abortive" type of the disease, but this (the non paralytic type,) we believe should be considered the *usual or common type* of the disease.

The *paralytic* type. The initial symptoms of this type are identical with those just given, but instead of recovery, paralysis develops in one or more groups of muscles, depending upon the location and extent of cord involvement. Paralysis may develop with, or immediately following the initial or systemic symptoms, or it may appear after the patient has apparently resumed normal health. The onset of paralysis is usually accompanied by fever, this occurring in cases of delayed paralysis, has led to the description of a remissive type. Many such cases have been reported during this epidemic.

During the investigations conducted in this state, in almost every instance where a case of the paralytic type was reported, other children were found with symptoms or histories which led us to believe they were suffering with or had suffered from the non-paralytic type of the disease. In some cases where we were fortunate enough to be able to make spinal punctures, our suspicions were confirmed, although, a single spinal puncture showing negative findings should never be considered conclusive.

As it is obviously impossible to secure spinal punctures in the majority of these cases and as the results are more or less unsatisfactory even when a puncture is made, very few of these mild, non-paralytic cases will be recognized and they will continue to act as the greatest disseminators of the disease.

Period of Infectivity.

Experiments have shown that the secretions of those who have had poliomyelitis will, at times, show virulence for weeks or even months, but from the study of the present epidemic, it is believed that the disease, as a rule, is contagious for a few days only, and that is, just preceeding and during the febrile stage.

It must be admitted, however, that as in other contagious diseases, occasional cases will remain infective for indefinite periods.

Immunity.

Epidemics of poliomyelitis, even where no effort has been made to check, are usually self-limiting. Statistics show that one case to every 1,000 or 1,500 population is the usual instance. In rural communities, one case for every 500 is not uncommon. The present epidemic in Connecticut sustains these figures but in a few towns, the ratio has been as low as one to 200. As a state, the ratio has been one to 1,500

It is estimated that 10% of the total population represents children under five years of age, which is the period of greatest susceptibility to poliomyelitis. In every thousand population, therefore, there must be one hundred children of the susceptible age, and yet, according to the rule, but one of these hundred children develop the diseases in a recognizable form.

Allowing well for unrecognized, non-paralytic cases, we would still have probably 95% of these children unafflicted in any stated epidemic. This large number of immunes is composed of two classes, — the natural immunes and the acquired. There is no question but that this disease shows a larger number of natural immunes than do the ordinary contagious diseases and undoubtedly, there are many who have suffered mild attacks in past years and who have thereby acquired immunity which would account for the and who have thereby acquired immunity which would help to account for the high immunity shown to this disease.

Cause of Epidemics.

So many factors enter into the study of epidemics that it will probably be a long time before this problem is solved, but at the present time two factors are being studied with promise, namely; increased virulency of specific organisms under certain conditions and the reduced resistance of the human body to infection because of habit or environment.

The spread of the disease of course depends greatly upon lines of travel and the map of Connecticut with the cases to date indicated shows the centers of infection and the lines of travel therefrom. Many cases called sporadic and which at first seemed to have had no possible contact with cases or carriers have on investigation revealed very likely sources of infection.

In closing I will say that in this paper no attempt has been made to cover the subject thoroughly. My intent being to merely bring before you for discussion some conclusions deduced from observations in this state and which we believe will be corroborated.

**Read before New London County Medical Society*

POLIOMYELITIS STATISTICS.

Since July 1, 1916, cases reported as follows:

	Cases	Deaths	Rate
July.....	165	37	22.5
August.....	367	99	27
September.....	271	64	23.6
	<hr/>	<hr/>	<hr/>
Total.....	803	200	25.

Cases reported from October 1st to October 15th — 38, showing a a marked decline.

A peculiar thing about the death rate is that in some localities it is particularly high, in other low. For instance, Willimantic, with 26 cases, had a death rate of over 50, while Greenwich, with 45 cases, had a rate of 13.

Estimated percentage of New York cases or contacts of the total reported:

July	60%	were New York children or contacts.
August	20%	“ “ “ “ “ “
Sept.	5%	“ “ “ “ “ “

Ages of cases, as reported in Connecticut are as follows:

Under 10 years	90%
From 10 to 20	8%
Over 20 years	2%

Sex of the first 700 cases reported:

301	Female
385	Male
14	Unspecified

While accurate statistics are not yet available, it is roughly estimated that at least 60% can be traced to contact infection, with approximately 10% being secondary cases in the family or house.

The disease has been reported in 116 of the 168 towns of the state.

MORTALITY SUMMARY — SEPTEMBER.

Total deaths for September.....	1507	Death rate	14.5
Average death rate for September last five years.....			14.2
Annual death rate 1915.....			14.9
Deaths from Communicable diseases.....			224
Per cent of total deaths.....			14.8
Deaths under one year 326	Rate per thousand births		108

CASES—COMMUNICABLE DISEASES

REPORTED BY LOCAL HEALTH OFFICERS

SEPTEMBER 1916

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases See "Notes"	Other Diseases See "Notes"
STATE—TOTAL	1,238,723	92	36	39	73	128	2	274	152	53	11
Over 50,000 inhabitants:											
New Haven.....	148,951	8	1	4	2	10	...	18	30	...	...
Bridgeport.....	120,688	10	1	1	...	14	...	16	7	G14 s1	...
Hartford.....	110,354	8	1	9	7	16	...	24	29	G20 s6	...
Waterbury.....	86,342	15	...	1	...	13	...	8	10	...	v3
New Britain.....	53,344	3	...	...	3	...	...	11	12	...	...
From 25,000 to 50,000 inhabitants:											
Stamford (city).....	30,622	1	2	1	18	6	...	19	8	...	...
Meriden (city).....	29,046	...	...	1	...	3	...	6	8	...	...
Norwalk.....	26,778	6	...	...	...	...	...	3	3	...	...
From 15,000 to 25,000 inhabitants:											
Danbury (city).....	22,452	1	...	4	...	4	...	...	2	...	...
Norwich (city).....	22,236	2	...	3	...	3	...	1	1	...	...
New London.....	20,925	...	...	...	2	1	...	4	1	...	...
Greenwich (town & boro) ..	19,037	...	...	...	...	...	2	19	...	s2	...
Torrington (boro)	18,000	...	...	...	2	3	...	1	1	...	...
Ansonia.....	16,634	1	...	...	...	...	...	1	3	...	...
Bristol (city & town)	15,817	1	1	...	2	1	...	1	2	s1	...
Manchester.....	15,465	2	...	2	...	1	...	1	...	G2	...
From 10,000 to 15,000 inhabitants:											
Naugatuck.....	14,030	1	7	...	...	...	...	2	1	...	...
Orange.....	13,838	1	...	1	...	1	...	1	1	...	...
Middletown (city).....	13,208	...	3	2	...	...	...	1	...	...	...
Willimantic (city).....	12,605	1	6	...	12	6	...	23	1	...	...
Wallingford (town & boro) ..	12,446	...	...	...	...	2	...	7	2	...	...
Enfield.....	11,531	1	1	...	...	4	...	6	1	G1	...
From 5,000 to 10,000 inhabitants:											
Derby.....	9,627	3	...	...	...	3	...	1	...	...	...
Middletown (town).....	9,498	...	...	...	3	...	...	...	1	...	...
Winchester.....	9,228	2	...	...	...	...	...	2	...	...	v1
East Hartford.....	9,177	...	...	...	...	...	...	...	...	...	...
Plainfield.....	7,857	...	...	...	...	1	...	1	2	...	...
Stonington (town).....	7,556	...	...	...	...	...	...	3	...	...	...
Fairfield.....	7,121	1	...	...	...	2	...	1	1	...	...
Stratford.....	6,945	2	...	...	...	5	...	1	3	...	...
Southington (town & boro) ..	6,890	...	...	1	...	5	...	2	...	...	...
Hamden.....	6,584	...	...	...	1	1	...	2	...	...	...
Plymouth.....	6,336	1	...	...	...	...	...	...	1	...	...
Branford (town & boro)	6,251	...	...	1	...	...	...	1	...	...	...
Shelton (boro).....	5,989	...	...	...	...	...	...	1	1	...	...
West Hartford.....	5,781	...	...	...	...	...	...	6	...	...	...
Seymour.....	5,533	1	...	...	...	4	...	...	...	...	...
New Milford.....	5,133	...	...	...	...	1	...	2	...	s1	...
Glastonbury.....	5,117	...	...	...	...	...	...	1	...	...	...
Meriden (town).....	5,042	...	...	...	...	...	...	4	...	...	...
From 2,000 to 5,000 inhabitants:											
Groton (town).....	4,814	1	...	...	...	...	...	3	...	...	...
Milford.....	4,715	...	...	...	...	1	...	2	2	...	...
Windsor.....	4,516	...	...	...	...	2	...	7	...	G1	...
Darien.....	4,444	...	...	...	...	...	...	5	1	...	...
Westport.....	4,404	2	...	...	...	1	...	...	...	...	...
Watertown.....	4,300	...	...	...	...	...	...	1	...	G1	...
Stamford (town).....	4,211	...	...	...	...	...	...	6	...	...	...
Windsor Locks.....	4,106	2	...	...	...	...	...	4	...	...	...
New Canaan (town & boro) ..	4,085	...	...	...	...	1	...	3	...	...	...
Bethel (town & boro).....	4,071	1	...	...	...	...	...	...	...	...	...
Suffield.....	4,033	...	1	...	...	...	...	1	...	...	...
Berlin.....	3,896	1	...	...	...	...	...	2	2	...	...
Thompson.....	3,822	...	...	...	...	1	...	...	...	...	...
Farmington.....	3,566	...	...	...	2	...	...	...	...	...	...
Jewett City (boro).....	3,502	...	...	...	...	1	...	...	...	...	...
East Windsor.....	3,484	...	...	...	...	...	...	1	...	...	...
Danbury (town).....	3,466	1	...	...	...	...	...	...	...	...	...
Wethersfield.....	3,454	1	...	...	...	...	...	...	...	...	...
Ridgefield (town & boro) ..	3,413	...	...	...	...	...	...	...	1	...	...
Killingly (town).....	3,401	3	...	...	2	...	...	...	...	G2	...
Plainville.....	3,297	1	...	...	...	...	...	...	...	...	...

Bantam and Thomaston have failed to report ; towns not listed reported no cases of infectious disease.

CASES—COMMUNICABLE DISEASES (Continued)

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Measles	Scarlet Fever	Whooping Cough	Diphtheria and croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases	Other Diseases See "Notes"
Sprague	3,278								1		
Portland	3,167							4			
Guilford (town & boro) ..	3,130	1									
Danielson (boro)	3,000							1			
Litchfield (town & boro) ..	2,879							1			
Essex	2,874					1			2		
Simsbury	2,802					1		1			
Canton	2,764					2					
South Windsor	2,393							1			
North Canaan	2,391		1		5						
North Haven	2,308		1								
East Haven	2,171							2			
Newington	2,077		C					1			
Saybrook	2,070				2			1			
Mansfield	2,067							1			
Pomfret	2,013							1			
Bloomfield	2,005							1	1		
Groton (boro est.)	2,000							1	1		
Under 2,000 inhabitants:											
Cheshire	1,988			1				1			
Haddam	1,924							1			
Redding	1,731							1	1		
Trumbull	1,675			1		1					
Coventry	1,591							1			
Harwinton	1,576								1		
Madison	1,543				6						
Torrington (town)	1,500							1			v5
Windham (town)	1,478							1			
Chester	1,473	1						1			
Preston	1,383								1		
Burlington	1,379								1		
New Hartford	1,376								1		
Avon	1,358							1			
Rocky Hill	1,283					1					
Southbury	1,230	1									
Old Lyme	1,181								1		
Clinton	1,181	1								61	
Tolland	1,180					2		1			
Colchester (town)	1,179							2			
Huntington (town)	1,140	1		1		1					
Brookfield	1,134								2		
Vernon	1,059			3				3			
Westbrook	991							1			
Monroe	978							2			
Barkhamsted	865							2			
East Granby	864							2			
Lyme	744										o1
Canaan	632	1				1					
New Fairfield	603							1			
Goshen	579					1					
Hampton	556								1		
Bethlehem	535							1			
Prospect	526										v1
Bethany	482			1							
Scotland	468	1									
Marlborough	290				4						

NOTE:—(s) syphilis; (g) gonorrhoea; (o) ophthalmia; (v) small pox, (c) chicken pox
 m) mumps; (x) septic sore throat + few ++ epidemic.

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Line Number.	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1916.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, September, 1915.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut.	1,238,723	2987	112	1004	1507	14.5	14.5	326	129	358
2	Ansonia.....	16,634	54	..	12	16	11.5	17.5	9	..	2
3	Branford.....	6,251	10	..	1	5	9.5	11.5	2	2	..
4	Bridgeport.....	120,688	407	15	149	153	13.7	11.5	31	16	17
5	Bristol.....	15,817	22	1	13	14	10.6	16.2	4	..	4
6	Danbury.....	25,918	44	1	8	31	13.8	8.8	2	1	10
7	Derby.....	9,627	41	3	6	10	7.4	5.0	2	..	3
8	East Hartford,...	9,177	6	1	6	10	13.0	3.9	4	1	3
9	Enfield.....	11,531	32	..	8	19	19.7	15.9	6	3	1
10	Fairfield.....	7,121	22	1	4	11	18.5	17.1	7	..	..
11	Glastonbury.....	5,117	..	..	..	5	11.7	11.8	..	..	2
12	Greenwich.....	19,037	52	2	21	29	15.6	12.1	3	3	8
13	Groton.....	6,814	10	..	3	7	12.3	12.3	1	1	4
14	Hamden.....	6,584	18	2	2	4	7.2	16.6	1	..	..
15	Hartford.....	110,354	341	17	130	162	14.2	13.5	38	11	26
16	Huntington.....	7,129	24	2	3	9	10.0	15.3	2	1	3
17	Killingly.....	6,401	24	1	10	4	7.4	16.8	1	..	2
18	Manchester.....	15,465	38	3	13	10	7.7	11.0	1	1	3
19	Meriden.....	34,088	77	1	20	38	11.9	9.9	7	3	9
20	Middletown.....	22,706	40	..	18	53	12.6	11.7	11	1	13
21	Naugatuck.....	14,030	24	2	10	9	7.6	2.5	2	2	2
22	New Britain.....	53,344	151	5	57	37	8.0	12.6	15	4	6
23	New Haven.....	148,951	456	12	147	168	12.4	12.3	31	19	31
24	New London.....	20,925	74	..	22	34	13.7	15.0	4	6	7
25	New Milford.....	5,133	6	..	3	4	9.3	23.4	..	..	3
26	Norwalk.....	26,778	50	..	22	24	9.4	5.8	8	1	5
27	Norwich.....	30,367	67	4	14	41	14.6	17.2	9	2	14
28	Orange.....	13,838	32	1	11	10	7.7	9.8	1	1	4
29	Plainfield.....	7,857	11	..	7	4	6.2	18.6	2	..	1
30	Plymouth.....	6,336	11	..	3	7	13.2	9.7	1	..	2
31	Putnam.....	7,240	11	2	9	11	13.2	21.5	2	..	3
32	Seymour.....	5,533	19	..	3	2	4.3	24.2	..	..	..
33	Southington.....	6,890	20	1	3	10	17.4	8.7	2	1	3
34	Stafford.....	5,794	8	1	2	1	2.0	20.9	..	..	..
35	Stamford.....	34,833	54	4	30	48	15.5	12.3	8	8	8
36	Stonington.....	9,522	17	1	14	11	12.6	21.5	3	..	4
37	Stratford.....	6,945	17	..	3	12	19.0	21.1	1	3	3
38	Torrington.....	19,500	45	..	12	19	11.6	7.5	9	2	5
39	Vernon.....	9,450	16	1	4	9	11.4	10.2	..	1	3
40	Wallingford.....	12,446	24	1	6	10	9.6	9.0	1	4	1
41	Waterbury.....	86,342	236	9	80	124	15.9	15.2	41	7	18
42	West Hartford,...	5,781	6	..	..	7	14.5	8.4	2	1	3
43	Winchester.....	9,228	29	1	8	18	16.9	17.0	6	2	6
44	Windham.....	14,083	27	4	10	31	26.4	9.4	10	9	4
Total of above towns,...		1,017,605	2673	99	907	1241	14.6	14.1	290	117	246
Towns of less than 5,000,...		221,118	314	13	97	266	14.4	13.3	361	12	112

Non-resident deaths in public Institutions are not included in the death rates of the towns

HEALTH FOR THE MONTH OF SEPTEMBER, 1916

FOR AUGUST 1916.

DEATHS FROM IMPORTANT CAUSES.															EXTERNAL CAUSES.					
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.	Deaths In Institutions.	Deaths of Non-residents.	Line Number.
12	1	1	2	2	9	13	2	116	18	93	4	64	69	175	87	15	2	408	184	1
3					1	1		1	1	11		4	13	16	15	4		56	15	2
						1		6	1	3			2		1			4	1	3
										1				1				5	4	4
					1			1		2		3	1	3						5
								1		1				4						6
								2						2						7
								3			3	3		1	2			8	4	8
								1		1		1								9
								1												10
								2												11
								3												12
								1												13
								1												14
2			1			1		14	2	13	1	4	7	19	4	2	1	77	31	15
								4						2				3	3	16
														1						17
								1				1								18
2			1		1			5	1	5			1	5	1			7	4	19
								1						4	1					20
								3		2			2	3		1				21
								8	2	6		8	10	16	14			6	1	22
				1				1		3		2	1	3	4	2		18	10	23
										1										24
								2	1	2		1		4	2			6	3	25
1								4	1	5			1	6	3			8	4	26
								1										1	1	27
								1						1						28
															1					29
										1					2	1		4	3	30
																				31
						1		1						1	2					32
										1										33
					2	1		1	1			5		5	5			15	3	34
										2		1		2	1				1	35
								1		1			1			1		1	1	36
								2		2			1	7	2					37
								1		2										38
								2		2										39
4						4		7	3	7		1	8	21	10			36	9	40
					1					1		1		1						41
										3				2	1			7	5	42
								2		2		12	1	4				8		43
12			2	2	6	9	2	96	13	82	4	51	59	156	72	12	2	383	146	44
					3	4		20	5	11		13	10	19	15	3		25	38	

LABORATORY STATISTICS — SEPTEMBER.

Prof. H. W. Conn, Director.
Examinations and analyses.

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis,.....	19	102	4	125
Diphtheria, release,.....	9	14	0	23
Tuberculosis,.....	16	77	—	93
Typhoid,.....	39	69	13	121
Syphilis,.....	63	161	15	239
Malaria,.....	4	17	—	21
Glanders,.....	15	6	9	30
Gonococcus,.....	2	5	—	7
Rabies,.....	3	0	—	3
Pyogenic cocci,.....	—	1	—	1
Milk samples examined (from 21 towns).....				350
Water samples analyzed (from 44 towns).....				52
Sewage and effluents examined.....				6
Oil samples tested,.....				3

Total Laboratory operations during September,..... 1074

METEOROLOGICAL SUMMARY—SEPTEMBER, 1916

MONTHLY SUNSHINE RECORD

Hours actual sunshine, 260.7. Hours possible, 374.3. Percentage of possible sunshine, 70.

WEATHER.

Number of days, clear.....	15
Partly cloudy.....	9
Cloudy.....	6
On which .01 inch, or more, occurred	8

Total Precipitation this month in

1905-3.43	1906-3.57	1907-11.56	1908-1.12
1909-3.83	1910-3.41	1911-2.00	1912-2.14
1913-3.56	1914-0.20	1915-1.29	1916-3.46

PRECIPITATION.

Total this month.....	3.46
Total snowfall.....	0.0
Greatest precipitation in 24 hours, on the 15th.....	1.61
Snow on ground end of month.....	0.0
Normal for this month.....	3.50
Deficiency for this month as compared with the normal.....	0.04
Accumulated deficiency since Jan. 1 ..	4.18

ATMOSPHERIC PRESSURE.

(Reduced to sea level; inches and hundredths.)
Mean30.05; highest 30.52..date 11th
Lowest29.69..date 8th
Mean monthly relative humidity.....79%

TEMPERATURE.

Highest ..89, date 8th; lowest 42;...date 17th;
Greatest daily range 34date 14th;
Least daily range 11date 6th;
Mean highest...73.9; lowest..... 52.9

Mean for this Month in

1905-63	1906-66	1907-64	1908-65	1909-62
1910-64	1911-63	1912-63	1913-61	1914-63
1915-67	1916-63			
Mean for this month.....				63.4
Normal for this month.....				61.7
Absolute maximum for this month for 12 years.....				93.0
Absolute minimum for this month for 12 years.....				32.0
Average daily Excess this month as compared with normal				1.7
Accumulated excess since Jan. 1 ..				25
Average daily excess since Jan. 1 ..				0.1

WIND

Prevailing direction.....	South
Total movement.....	5376 miles
Average hourly velocity.....	7.5
Maximum velocity (in five minutes) 27 miles per hour, from S. on 28th.	

U. S. Department of Agriculture Weather Bureau, Hartford Station.

WILLIAM W. NEIFERT, METEOROLOGIST

Baby Explains.

We were riding on the flyer—all the family going South
 I was feeling very comfy—pacifier in my mouth
 A doctor man in front of us asked the privilege to inquire
 If mother thought 'twas good for me to use a Pacifier?

And then the doctor' spained to her (as we were going South)
 How it would surely spoil my teeth and the contour of my mouth
 And then he said an awful thing, how sometimes it would make
 Cankers in the'saffigus and cause a stomach ache.

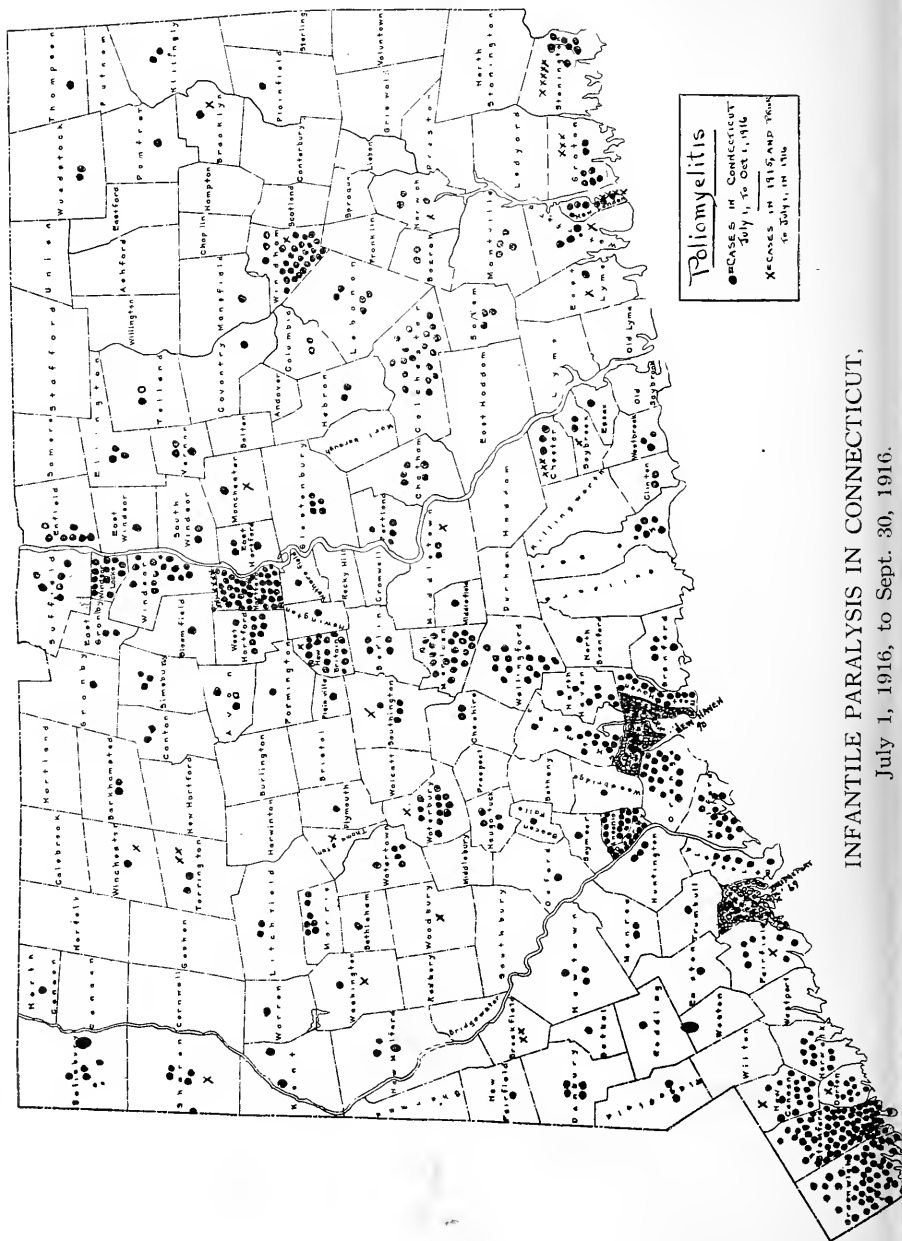
He said it used the s'liva up and that it might cause worms
 Besides 'twas such a dirty thing, all covered with germs
 This scared my mother dreadful and before we'd traveled far
 She grabbed the pacifier and threw it from the car.

Oh my, 'twas hard to give it up, whatever should I do?
 They wouldn't let me suck my thumb for that was harmful too
 But now the worst is over and I can hardly wait
 To see about the contour and if my teeth come straight.

When I get big and see a child who has a pacifier
 I'll hunt the mother up and do my duty by her
 I'll tell her all 'bout contour, and spoiling baby's mouth
 And all the things the doctor said, when we were going South.

But how many babies' mothers I can never see
 Can't some one help me and tell them how careful they should be
 Wish every child who sucks his thumb, or has a pacifier,
 Could meet a nice good doctor-man, like I did on the Flyer.

"Your Health," Cleveland, O.



INFANTILE PARALYSIS IN CONNECTICUT,
 July 1, 1916, to Sept. 30, 1916.

Monthly Bulletin

Connecticut

State Board of Health



NOVEMBER 1916.



Jewels — Good Teeth

Connecticut State Board of Health

HARTFORD.

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Bureau of Publicity & Education	
Bureau of Supplies and Biologic Products	

Address all communications to

The Secretary, Connecticut State Board of Health, Hartford, Conn.

This Bulletin free to any citizen of Connecticut for the asking.

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MONTHLY BULLETIN

Connecticut State Board of Health

All communications should be addressed to the Secretary—Hartford, Conn.

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JEWELS — GOOD TEETH.

Only the well-to-do can adorn themselves with rare and costly jewels, but the most attractive of all jewels — good teeth — are within the reach of all.

It is right that good teeth should be desired for adornment, but they have a far greater value as protectors of life and health.

Did you ever see a real grouchy dyspeptic with a beautiful set of teeth? Not often I assure you, and this is the reason why,

Poor, broken-down teeth cannot properly masticate food — the stomach is required to handle this improperly prepared food until it balks — the entire system becomes disarranged and the individual becomes nervous, irritable and inefficient — a physical wreck — “All for the want of a horse shoe nail.”

This is not all. The ragged roots and cavities in teeth harbor putrifying food and germs which slowly but surely poison the body. Many cases of tonsillitis, rheumatism and heart disease result from infection from the teeth.

Recent investigations made by the United States Public Health Service show that fifty per cent of school children have defective teeth. This demonstrates that destructive changes in teeth begin early in life and irreparable damage is done long before the child reaches an age where it can realize the value of good teeth.

This places the responsibility for good teeth upon the parent. The ignorant or careless parent is to blame for this fifty per cent of children hampered in mental and physical growth because of poor teeth.

It is our duty, therefore, to educate parents as to the value of perfect teeth and impress upon them the necessity of carefully watching their children. They should be made to realize that a few dollars paid to the dentists early in life will purchase for their children priceless jewels and health.

Where parents fail to fulfill this duty, the responsibility devolves upon the state. The children are the future citizens and upon their individual health and efficiency depends the welfare of the nation.

School teachers can and are doing much in inculcating habits of personal cleanliness on the school child, but dental inspection in schools should be more generally carried out. This work should be promoted along the following lines:

First, with the intent of locating the children with defective teeth.

Second for the purpose of notifying careless or indifferent parents of existing trouble, and

Third, to provide such dental attention as may be needed for children neglected because of indifference or poverty.

The early care of teeth is undoubtedly one of our greatest health problems.

THE SOLDIER BOYS HAVE RETURNED.

Home from the Border ! Full ranks of strong and sturdy soldiers — how we were thrilled with pride as they marched by !

How different from the home coming in '98, when regiments returned with ranks greatly disseminated by the ravages of typhoid. Some of the missing had returned in wooden boxes, while other were lingering in army hospitals.

What a contrast — and how can it be explained ? On both occasions mobilization and transfer of the troops to Southern camps was carried on under almost identical conditions and on both occasions typhoid was present in the civil population about the camps.

In 1898 the protective value of typhoid vaccine was unknown, but in 1916 every soldier was vaccinated before leaving for the border. Camp conditions have, no doubt, been improved, but to typhoid vaccine only can we attribute the entire absence of this scourge of armies.

The value of typhoid vaccine has been repeatedly demonstrated but is not the return of our Connecticut troops in such excellent health this fall a convincing argument for those in our state who still object to vaccination ?

PURE FOOD IS USELESS WITHOUT GOOD TEETH.

"We demand pure food, and get it; we insist on careful preparation and our good factories boast that their product is never touched by the human hand. We require perfect protection and the wrapped loaf and sealed box of biscuits are delivered to the kitchen door. But is the pure, clean, sterile food going to continue so in the process of assimilation if it has to pass through an unsanitary and diseased mouth on its way to the stomach? How does a pure food label profit us if every crunch of the jaws that grinds the food under a daily pressure of 5,000 pounds introduces into it bacteria that turns a welcome and helpful guest into a center of infection.

"Human life is a continual struggle with germ life. When the good germs are overpowered by the bad ones trouble is at hand. The condition of the mouth is often the determining factor between health and illness. Decayed teeth are due to chemical action that dissolves away the enamel pits the limey structure; bacteria grow in the cavity, food accumulates and decomposes, and soon the mouth is more unsanitary than any food which may enter it.

"Oral hygiene means clean teeth and a clean mouth. It means intelligent use of the tooth-brush. It means healthy gums. In infancy mother's milk is the best aid to sound teeth and a healthy mouth. Later whole cereals, pure milk, fresh vegetables and fresh fruit are necessary to normal growth and perfect tooth structure.

"In later life selected foods will do more to keep the mouth and teeth in good condition. Food acids are the best cleansing agents. Grape juice, orange juice, lemon juice, vinegars, apples, bathe the teeth with acids that clean and protect them. An apple eaten in the evening will mechanically and chemically clean the teeth and protect them from the bacterial ravages, in the night when the most damage is done." *Indiana Health Bulletin.*

THE PACE THAT KILLS.

"What profiteth a man that he gain the whole world yet lose his health?

Naturalists say that long ago the prehistoric waters were infested with a species of enormous shark which finally became extinct by reason of the workings of its voracious appetite. Thus Nature eliminates the over-fed.

The desire for ease of life and plentiful diet is universal and is the great stimulus of man and animals alike. When man becomes greedy and takes more ease and food and drink than is his share. Nature discards him.

In the race for power and place, for ease of circumstance and relief from the stimulus of hunger, the modern man is apt to forget that unless he is careful of his body he will soon be made to suffer for the infraction of Nature's inexorable physical law. With the loss in body tone comes an equal loss in mental acuity and the brain which for a time was able to operate despite the complaints of an over-fed, under-exercised, self-poisoned body, stops working.

Statisticians have discovered that the mortality rate of persons in the United States over 45 years of age is increasing. The strenuous life of to-day is not alone responsible for this. Lack of health-giving exercise, superfluity of diet, lack of restoring sleep, over-stimulation, the high pressure of the race for power, wealth and position, plus physical neglect, — these bring early decay. The goal is reached, — wealth is amassed, — honor, position and power are just being grasped when the apple of accomplishment turns to the ashes of dissolution. The brilliant mind becomes clouded, the steady hand is no longer accurate, the eye which once gazed fearlessly on the whole world is dimmed and it is not long before the final break up occurs. All of this was entirely preventable.

Other things being equal it is the man who leads the well-balanced life who lasts the longest, whose work to the end is uniformly the best, he who neither over-works nor over-plays, neither over-eats, over-drinks, nor over-sleeps, he who maintains a standard of simple healthy diet in moderation, who offsets mental work with physical recreation, who is as honest with his own body as he is with his own business. When success comes to such an one his physical and mental condition is such that he can enjoy in peace of mind and contentment of body the fruits of his labors.

HEALTH EDUCATION OF THE GENERAL PUBLIC.

“If the American people as a race have a single characteristic which differentiates them from the other peoples of the world, it is their belief in education. Ours is not the only people who love freedom or who believe in the blessings of liberty. Ours is not the only great Commonwealth which has as its basis the equality of all mankind, but ours is the only nation in the world which endeavors in every possible manner to bring to its people the benefits of education throughout their entire period of existence, from the moment of the first glimmerings of intelligence until the eventide of old age. One of the things which marks the highest advance in sanitation and hygiene is the fact that it has become generally recognized that it is not only necessary that the American citizen shall receive training in the ordinary curriculum of arts and sciences but that he shall learn to conserve and care for that most valuable of all American possessions, the physical body of the American citizen, and it is necessary that this lesson shall be so thoroughly ingrained in the very essence of his nature that in time the maintenance of health and obedience to the rules of sanitation and hygiene shall become so much a matter of habit that they will be as automatically observed as are the rules of propriety and devotion.”

“From Speech of Hon. Joe. G. Ransdall, in U. S. Senate, July, 1916.

LABORATORY METHODS

Diphtheria.

Outfits. The Laboratory receives more specimens for diagnosis of diphtheria than for any other disease. There has been little change in our methods of obtaining specimens for the last few years. The outfit as used consists of a swab of cotton on the end of a wooden rod. This is enclosed in a small envelope, all of which have been carefully sterilized. With this is a small screw-capped tube containing Loeffler's blood serum. The envelope enclosing swab, tube, blank card for physician to fill out, with instructions as to the method of taking the specimen, are enclosed in a double metal container, this double container is required by the United States Postal Regulations. The instructions request the physician to inoculate this swab from the throat of the suspect by a circular motion and with firm pressure, and to then carefully rub the swab over the surface of the serum, being careful not to break the surface of the serum. The serum tube is then capped, the swab replaced in the envelope, the blank form filled out and mailed by first-class mail.

Frequently we find that physicians will keep tubes until the serum gets old, dry and useless. They attempt to inoculate this dry serum and hope for a diagnosis. Of course satisfactory results cannot be obtained in this way. We endeavor to prevent the use of old tubes by detailed directions accompanying each container, which should be read carefully.

Methods of Examination. Immediately upon being received at the Laboratory, another tube of blood serum is inoculated from the swab and this, with the tube inoculated by the physician, is incubated for twelve hours at 37°C. At the expiration of this time, the tubes are removed, the specimen stained and examined under the microscope. For this purpose we use either the Kinyoun stain or one which is recommended by Dr. A. J. Wolff. These stains act quickly and stain the granules in the diphtheria germ a deep color in contrast to a lighter stain given to the rods. These stains are preferable to the methylene blue because they enable one to differentiate more easily the pseudo-bacillus from the true diphtheria bacillus. The pseudo-bacilli, as a rule, fail to show granules.

Sometimes the Hoffman bacillus, which closely resembles the diphtheria organism, is mistaken for true diphtheria bacillus, but this does not often happen. It is a well known fact that we often find typical diphtheria organisms in throats of people who are apparently in good healthy condition, either having just recovered from an attack of the disease or never having been affected. Often-times the throat of a patient carries these organisms for months. Spraying the throat with harmless organisms at times helps to clear it up readily. The second type of carrier mentioned above, that is, the person who carries organisms although never having been sick, may be more dangerous than a frank case of diphtheria, especially in the case of a school child. This type of person may spread the typical harmful organisms and be more dangerous than one who is sick in bed with the disease.

Negative results are sometimes obtained from cultures taken from patients who really harbor the organisms of diphtheria. This may be for various reasons, the most common being the failure of the physician to secure proper inoculation on the cotton swab and the fact that other throat organisms may be present in such great abundance as to completely overgrow and crowd out the diphtheria organisms. For the above reasons a **second** negative result is recommended before reaching the conclusion that a diphtheria patient, or one that is suspected of having diphtheria, should be considered free from the germ. Many localities now require two negative cultures in all cases, for diagnosis or release.

Health officers are urged to visit the Laboratory or otherwise inform themselves with the details of laboratory methods and diagnosis so that they can intelligently confer with physicians seeking information along these lines. *Ira V. Hiscock, State Laboratory, Middletown. (Extracts from paper read before the Eight Sanitary Conference.)*

PRESENT KNOWLEDGE OF INFANTILE PARALYSIS.

Extracts from Committee Report, American Public Health Association.

The specific cause of poliomyelitis is a microorganism, a so-called virus which may be positively identified at present only by its production of poliomyelitis in monkeys experimentally inoculated. Such experiments have shown this virus to be present not only in the nervous tissues and certain other organs of persons who have died of poliomyelitis, but also in the nose mouth, and bowel discharges of patients suffering from the disease. It has been proved by similar experiments that healthy associates of poliomyelitis cases may harbor the virus in their noses and throats.

These experiments, together with the fact that monkeys have been infected by direct application of the virus to the mucous membrane of the nose and by feeding of the virus, are strong evidence that in nature infection may be directly spread from person to person.

Observations on the occurrence of the disease might seem at first thought to be inconsistent with this conception, since contact between recognized cases can seldom be traced. However, this may be adequately explained by the lack of means for detecting mild nonparalytic cases and by the belief that healthy carriers of the virus and undetected cases are considerably more numerous than frankly paralyzed cases.

Many facts, such as the seasonal incidence and rural prevalence of the disease, have seemed to indicate that some insect or animal host, as yet unrecognized, may be a necessary factor in the spread of poliomyelitis, but specific evidence to this effect is lacking, and the weight of present opinion inclines to the view that poliomyelitis is exclusively a human disease and is spread by personal contact whatever other cause may be found to contribute to its spread. In personal contact we mean to include all the usual opportunities, direct or indirect, immediate or intermediate for the transference of body discharges from person to person, having in mind as a possibility that the infection may occur through contaminated food.

The incubation period has not been definitely established in human beings. The information at hand indicates that it is less than two weeks, and probably in the great majority of cases between three and eight days.

If the foregoing conception of the disease is correct, it is obvious that effective preventive measures, approaching complete control, are impracticable because isolation of recognized cases of the disease and restraint upon their immediate associates must fail to prevent the spread of infection by unrecognized cases and carriers. These difficulties would appear to be inherent in the nature of the disease. Nevertheless, we may hope for the development of more thorough knowledge which will permit of more effective control of the disease than is now practicable. Of first importance is the more general recognition by practitioners of nonparalytic cases through clinical observation and laboratory procedures. Lumbar puncture has been shown to offer valuable aid in diagnosis, and a more general use of this test is to be encouraged, since it not only facilitates accurate and early diagnosis, but in many cases afford symptomatic relief as a therapeutic procedure. Without undertaking to predict the future progress of research, we may hope for certain possible developments which may afford far more effective control of the disease with substantial relief from many inconveniences at present inevitable. Among these possibilities we would include a practical test for the detection of all clinical types and carriers, a simple and reliable test for distinguishing between susceptible and insusceptible persons, and means of conferring artificial immunity against poliomyelitis.

There is no specific treatment of established value in poliomyelitis. During the persistence of the acute symptoms of the disease the important principles of treatment are rest in bed, symptomatic relief, and passive support for the prevention of deformities. Active measures during this stage are not only useless, but are apt to cause serious and often permanent injury. Hospitalization of patients where possible should be encouraged. The best chances of recovery from residual paralysis demand skillful aftercare, often long continued, and always under the direction of a physician familiar with the neurological and orthopedic principles of treatment. The provision of such aftercare often becomes a community problem, demanding the co-operation of all available agencies, social and professional.

October 26, 1916.

MORTALITY SUMMARY — OCTOBER

Total deaths for October	1409	Death rate	13.6
Average death rate for October last five years			13.5
Annual death rate 1915			14.9
Deaths from Communicable diseases			190
Per cent of total deaths			13.5
Deaths under one year 265		Rate per thousand births	88

CASES—COMMUNICABLE DISEASES

REPORTED BY LOCAL HEALTH OFFICERS

OCTOBER 1916

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases See "Notes"	Other Diseases See "Notes"
STATE—TOTAL	1,238,723	85	67	67	50+1	167	4	91	161	43	44
Over 50,000 inhabitants:											
New Haven.....	148,951	16	4	5	5	30	1	1	22		
Bridgeport.....	120,688	4	5	10		14		3	19	G19 s3	
Hartford.....	110,354	6	1	4	2	17		11	23	G10	
Waterbury.....	86,342	5	2	5		24	1	5	12		v11
New Britain.....	53,344	1		4			1	9	1		
From 25,000 to 50,000 inhabitants:											
Stamford (city).....	30,622				2	10		4	5		c2
Meriden (city).....	29,046					7		2	3		
Norwalk.....	26,778	2	1	1		3			1		
From 15,000 to 25,000 inhabitants:											
Danbury (city).....	22,452	2		7		2		2	4		
Norwich (city).....	22,236					1		1	6		
New London.....	20,925	2				2		3	2		
Greenwich (town & boro) ..	19,037	1		2				4	2		
Torrington (boro).....	18,000					2			3		
Ansonia.....	16,634		4					1	2		
Bristol (city & boro).....	15,817	2			6	1			2	s1	
Manchester.....	15,465	7		1		3		1	3		
From 10,000 to 15,000 inhabitants:											
Naugatuck.....	14,030		36		2				2		P1 x1
Orange.....	13,838					1		1	2	G4	
Middletown (city).....	13,208				2			1	2		
Willimantic (city).....	12,605				2	1		1	3		
Enfield.....	11,531					1					
From 5,000 to 10,000 inhabitants:											
Wallingford (boro).....	9,861	2		1				6			
Derby.....	9,627					3			2		
Middletown (town).....	9,498								2		
Winchester.....	9,228	1						2	2		
East Hartford.....	9,177	1				2	1				
Rockville (city).....	8,391	1							3		
Plainfield.....	7,857					1				G1	
Stonington (town).....	7,556							1			
Putnam (city & town).....	7,240							1			
Fairfield.....	7,121	1				1			1		
Stratford.....	6,945					2		1	1		
Southington (town & boro) ..	6,890		2	6		9		1			
Hamden.....	6,584	1				2					
Plymouth.....	6,336					3			3		
Branford (town & boro).....	6,251					1				G1 s1	
West Hartford.....	5,781	12							1		
Seymour.....	5,533					1			1		
New Milford.....	5,133			2				1			
Glastonbury.....	5,117	1		1					1		
Meriden (town).....	5,042					2					
From 2,000 to 5,000 inhabitants:											
Groton (town).....	4,814	1									
Milford.....	4,715	3							2		
Windsor.....	4,516							1			
Westport.....	4,404			1					2		
Watertown.....	4,300			6				1			
Stamford (town).....	4,211							3			
Bethel (town & boro).....	4,071					2					
Suffield.....	4,033							7			
Berlin.....	3,896							1	1		
Thompson.....	3,822	1						1			
Thomaston.....	3,672					4			1		
Farmington.....	3,566				7						
Salisbury.....	3,541	1									
Jewett City (boro).....	3,502					1					
East Windsor.....	3,484					1		1			
Danbury (town).....	3,466							1			
Wethersfield.....	3,454							1			
Ridgefield (town & boro) ..	3,413					1					
Killingly (town).....	3,401			2				1			

The Health Officer of Avon has failed to report; towns not listed reported no cases of infectious disease.

CASES—COMMUNICABLE DISEASES (Continued)

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Measles	Scarlet Fever	Whooping Cough	Diphtheria and croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases	Other Diseases See "Notes"
Sprague	3,278					1					
Waterford	3,212				++				1		
Guilford (town & boro) . .	3,130	2									
Newtown (town & boro) . .	2,854	1							1		
Simsbury	2,802					2		1			
Canton	2,764	1				1					
South Windsor	2,393								1		
North Canaan	2,391		7								
Stafford (town)	2,376	1									
Cromwell	2,282			3							
East Haven	2,171					1					v1
Newington	2,077		2					1			
Saybrook	2,070				9						
Mansfield	2,067	1									
Pomfret	2,013					2					
Bloomfield	2,005								1		
Under 2,000 inhabitants:											
Cheshire	1,988								1		
Stonington (boro)	1,966				8				1	G1s1	
East Lyme	1,964	3									
Haddam	1,924							1			
Wilton	1,770	1									
Somers	1,689							1			
Coventry	1,591			1							
Harwinton	1,576					1			1		v5
Brooklyn	1,558							1			
Madison	1,543										M10
Torrington (town)	1,500					1					v11
Beacon Falls	1,482			1							
Windham (town)	1,478								1		
Chester	1,473								1		
Preston	1,383								9		
Burlington	1,379				5						
Brookfield	1,134								2		
North Stonington	1,016			2							
Westbrook	991							1			
Lisbon	900							1			
Hebron	821					1					
Voluntown	724			2						G1	
Killingworth	646							1			
Canaan	632	1				1					
New Fairfield	603							1			
Prospect	526										v2
Eastford	507							1			
Bethany	482		3								
Colebrook	481							1			

NOTE:—(s) syphilis; (g) gonorrhoea; (o) ophthalmia; (v) small pox, (c) chicken pox
M) mumps; (x) septic sore throat; (p) pellagra; + few ++ epidemic.

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Line Number.	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1916.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, October, 1915.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut.	1,238,723	2863	113	1405	1409	13.6	13.6	265	88	356
2	Ansonia	16,634	57	2	33	14	10.0	12.3	6	2	4
3	Branford	6,251	14	..	5	7	13.4	19.2	2	..	1
4	Bridgeport	120,688	383	23	214	150	14.4	12.8	34	9	20
5	Bristol	15,817	39	2	19	16	12.1	9.2	7	2	2
6	Danbury	25,918	34	2	22	27	10.1	10.3	5	..	9
7	Derby	9,627	45	1	14	13	8.7	18.8	1	2	3
8	East Hartford	9,177	11	1	12	6	6.5	13.2	1	1	2
9	Enfield	11,531	27	..	17	13	13.5	15.8	4	1	6
10	Fairfield	7,121	21	..	4	8	11.7	13.7	3	2	1
11	Glastonbury	5,117	9	1	7	4	9.3	11.7	..	..	2
12	Greenwich	19,037	44	5	28	22	13.2	10.2	6	1	7
13	Groton	6,814	14	..	8	6	10.5	8.8	..	..	6
14	Hamden	6,584	19	2	4	6	10.9	9.2	1	3	..
15	Hartford	110,354	322	9	142	148	11.6	14.2	22	10	38
16	Huntington	7,129	15	1	5	16	15.1	11.9	3	..	3
17	Killingly	6,401	3	2	11	8	13.1	7.4	1	..	5
18	Manchester	15,465	31	2	16	10	7.7	7.8	2	..	2
19	Meriden	34,088	55	3	28	40	11.6	12.0	8	..	10
20	Middletown	22,706	44	3	22	46	12.6	8.5	6	2	15
21	Naugatuck	14,030	39	..	15	12	10.2	12.1	1	1	1
22	New Britain	53,344	141	6	46	45	9.4	10.3	17	3	9
23	New Haven	148,951	390	12	208	166	12.8	11.8	31	12	37
24	New London	20,925	45	..	24	29	13.7	10.5	4	2	6
25	New Milford	5,133	6	..	4	4	9.3	11.7	1	1	..
26	Norwalk	26,778	46	4	30	39	15.6	11.7	5	3	10
27	Norwich	30,367	49	..	35	41	13.4	21.3	7	2	9
28	Orange	13,838	25	1	10	14	11.2	8.8	3	..	3
29	Plainfield	7,857	16	..	10	4	6.4	12.4	..	..	2
30	Plymouth	6,336	17	2	7	6	9.4	9.6	3	..	..
31	Putnam	7,240	18	..	10	5	4.9	9.9	..	..	2
32	Seymour	5,533	13	..	3	7	15.1	15.4	2	1	..
33	Southington	6,890	20	..	8	7	12.1	21.0	..	1	1
34	Stafford	5,794	14	..	1	6	12.4	10.4	1	..	1
35	Stamford	34,833	100	2	49	47	14.1	14.0	6	2	13
36	Stonington	9,522	23	..	18	6	7.5	17.7	1	..	2
37	Stratford	6,945	20	2	6	7	12.0	8.8	..	..	1
38	Torrington	19,500	45	2	20	23	14.1	10.6	5	1	9
39	Vernon	9,450	19	..	8	5	6.3	6.3	2	1	1
40	Wallingford	12,446	27	1	9	16	13.4	3.9	3	2	4
41	Waterbury	86,342	240	4	97	82	10.2	9.9	24	8	9
42	West Hartford	5,781	7	..	2	8	16.6	14.8	3	1	5
43	Winchester	9,228	19	1	6	14	13.0	17.0	2	2	2
44	Windham	14,083	34	2	19	16	13.6	16.3	5	1	3
Total of above towns . . .		1,017,605	2560	98	1256	1169	13.6	13.9	238	77	266
Towns of less than 5,000 . .		221,118	303	15	149	240	13.0	12.2	27	11	90

Non-resident deaths in public Institutions are not included in the death rates of the towns

HEALTH FOR THE MONTH OF OCTOBER, 1916

FOR SEPTEMBER 1916.

DEATHS FROM IMPORTANT CAUSES.															EXTERNAL CAUSES.					
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.	Deaths In Institutions.	Deaths of Non-residents.	Line Number.
9				1	4	19	3	126	10	87	3	24	125	68	111	12	2	395	182	1
								1		1		1		2	1	1				2
								1		13			25	10	12		1	46	5	3
1								12		2			5		1					4
				1		1		1		2				1		1		12	5	5
											1				3			8	6	6
					1		1							1	1				1	7
										1				3						8
								1		1				1				1	1	9
								1		1				1						10
								1				2	1	2					1	11
								1												12
																				13
						1														14
3						3		10		11		2	13	6	15	2		83	41	15
								8		1			2	1				7	7	16
								1		1			1	1	1				1	17
								1		3			5	4	5			9	7	18
1								6					7	2	3	1		30	22	19
								1		1		2	2							20
								1		3			6	4	2			9	3	21
2					2	7	1	8	2	12	1	1	11	6	16	2		60	7	22
								2	1	2			3	1	4			12	5	23
								3		3			1	2	2	1		4	4	24
						2		7		1			1	2	4			11	7	25
								1		1			1							26
								1		2										27
								1	1											28
								1		1		1	1						1	29
																				30
										1					1			3	2	31
								1						1	1					32
														1		1				33
																				34
																				35
																				36
																				37
																				38
																				39
																				40
																				41
																				42
																				43
																				44
8				1	4	17	2	92	9	73	3	17	108	61	92	11	1	366	147	
1					2	2	1	34	1	14		7	17	7	19	1	1	29	35	

LABORATORY STATISTICS — OCTOBER

Prof. H. W. Conn, Director.
Examinations and analyses.

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis,	20	88	1	109
Diphtheria, release,	19	41	2	62
Tuberculosis,	30	84	—	114
Typhoid,	18	70	13	101
Syphilis, Mal.	88	222	31	341
Malaria,	2	6	—	8
Glanders,	4	6	4	14
Gonococcus,	3	1	—	4
Rabies,	2	1	—	3
Vincent's Angina.	—	1	—	1
Contagious Abortion.	—	1	—	1
Milk samples examined (from 16 towns)				172
Water samples analyzed (from 40 towns)				54
Sewage and effluents examined.				6
Oil samples tested,				2
Total Laboratory operations during October,				992

METEOROLOGICAL SUMMARY—OCTOBER, 1916

MONTHLY SUNSHINE RECORD

Hours actual sunshine, 218.8. Hours possible, 343.1. Percentage of possible sunshine, 63.

WEATHER.

Number of days, clear	13
Partly cloudy	9
Cloudy	9
On which .01 inch, or more, occurred	5

Total Precipitation this month in

1905-2.23	1906-5.54	1907-4.53	1908-1.67
1909-1.40	1910-0.77	1911-7.30	1912-1.26
1913-9.25	1914-3.05	1915-2.74	1916-1.08

PRECIPITATION.

Total this month	1.08
Total snowfall .....	.00
Greatest precipitation in 24 hours, on the 19th-20th	0.89
Snow on ground end of month	0.0
Normal for this month	3.86
Deficiency for this month as compared with the normal	2.78
Accumulated deficiency since Jan. 1 ..	6.96

ATMOSPHERIC PRESSURE.

(Reduced to sea level; inches and hundredths.)
Mean ... 30.13; highest 30.54, date 18th
Lowest ... 29.56, date 17th
Mean monthly relative humidity ... 72%

TEMPERATURE.

Highest ... 83, date 8th; lowest 33, date 18th;
Greatest daily range 36, date 3rd;
Least daily range 5, date 20th;
Mean highest ... 67.4; lowest ... 42.8

Mean for this Month in

1905-53	1906-53	1907-49	1908-55
1909-51	1910-55	1911-52	1912-56
1913-57	1914-56	1915-54	1916-54
Mean for this month			53.8
Normal for this month			51.2
Absolute maximum for this month for 13 years			90
Absolute minimum for this month for 13 years			25
Average daily Excess this month as compared with normal			2.6
Accumulated excess since Jan. 1			106.
Average daily excess since Jan. 1 . . .			0.3

WIND

Prevailing direction	South
Total movement	5388 miles
Average hourly velocity	7.2
Maximum velocity (in five minutes) 33 miles per hour, from S. on 19th.	

U. S. Department of Agriculture Weather Bureau, Hartford Station.
WILLIAM W. NEIFERT, METEOROLOGIST

Let Us Be Thankful.

That the infant plague is on the wane.

That its toll of lives was not greater.

That some quarantine fences were not built higher.

That we know the little we do know about infantile paralysis.

That less deaths occurred from other illnesses among children this summer.

That typhoid fever has been cut in two.

That our soldier boys were protected from typhoid.

That at least some people are vaccinated.

That smallpox can be prevented.

That the high cost of living is not higher.

That antitoxin is not out of reach — it is still free.

That Connecticut is aroused to the need of a **real** health department.

That the people have made up their minds to have one.

That we will soon be a healthier, happier and more prosperous state.

AN INVITATION.

You are invited to attend and take part in a meeting to be held in the Chamber of Commerce, at New Haven,

Wednesday, December 6, 1916, 11 A. M.

The purpose of this meeting is to organize a Connecticut Public Health Association along the lines of the American Public Health Association and to elect officers for the same.

Business will be short and a most interesting program has been prepared by Prof. C. E. A. Winslow to fill out the day.

Ten minute paper on the various phases of health work and health conditions in Connecticut will be read. Come !



Defender of the Home

What a Health Department Represents

Monthly Bulletin

Connecticut

State Board of Health



DECEMBER 1916.

Greetings



With our Christmas Greeting we extend
our Best Wishes for Your Health and
Prosperity during the coming year.

Connecticut State Board of Health

HARTFORD.

Membership of the Board

EDWARD K. ROOT, M. D., President,	<i>Hartford</i>
ALBERT W. PHILLIPS, M. D.,	<i>Derby</i>
LEWIS SPERRY, Attorney at Law,	<i>South Windsor</i>
ARTHUR J. WOLFF, M. D.,	<i>Hartford</i>
LOUIS J. PONS, M. D.,	<i>Milford</i>
J. FREDERICK JACKSON, M. A. S. C. E.	<i>Hamden</i>
JOHN T. BLACK, M. D., Secretary,	<i>New London</i>

Organization

Bureau of Administration	John T. Black, <i>Executive-Secretary</i>
Bureau of Laboratories	Herbert W. Conn, <i>Director</i>
Bureau of Sanitary Engineering	J. Frederick Jackson, <i>In Charge</i>
Bureau of Vital Statistics	John T. Black, <i>Superintendent</i>
Bureau of Communicable Diseases	} Organization not complete; under supervision of Executive Secretary.
Bureau of Medical Registration	
Bureau of Publicity & Education	
Bureau of Supplies and Biologic Products	

Address all communications to

The Secretary, Connecticut State Board of Health, Hartford, Conn.

This Bulletin free to any citizen of Connecticut for the asking.

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MONTHLY BULLETIN

Connecticut State Board of Health

All communications should be addressed to the Secretary—Hartford, Conn.

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New Series, Vol. III. No. 12 **HARTFORD, DECEMBER 20, 1916** Full Series, Vol. XXX, No. 12

VACCINATION.

Still ringing in our ears are the cries of help raised by a multitude of voices during the recent invasion of infantile paralysis, as well as the appeals of anxious parents for investigators to redouble their efforts to solve the mysteries of this terrible plague and to discover, if possible, satisfactory means of prevention and cure.

Had some one been so fortunate as to discover a serum or vaccine that would insure protection against this disease, we know it would have been immediately adopted and unanimously accepted.

Now we are facing another plague — smallpox — the mysteries of which have been solved, and for which a sure means of protection has been provided, but instead of universal acceptance, more or less reluctance and opposition to its use has been shown. It is hard to explain this inconsistency of the human mind, but it is demonstrated over and over again in everyday life.

Many people hesitate to be vaccinated or to have their children vaccinated because of false impressions they have received by reading sensational news, or because of a lack of knowledge of the history and actual benefits of vaccination.

Smallpox in the eighteenth century was responsible for ten per cent of all deaths and for one-third of the deaths of children. In 1752, Boston had a population of 15,684 and of this number, there were only 174 who had never had smallpox.

Vaccination was discovered by Jenner in 1796 and was soon adopted by all civilized countries. Smallpox then became a rare disease. The fear of it gradually faded and with the passing from memory of its horrible ravages the practice of vaccination has been greatly neglected.

The result is that smallpox is cropping out in many states, and in some unvaccinated communities it is almost epidemic. It is true that the disease in Connecticut is of a mild type, but we know that it may, at any time, become virulent and destructive. It being impossible to isolate and confine all existing cases, vaccination must be resorted to for protection.

Perhaps the most serious objection to vaccination is the fear of complications following. There has been some justification for this fear because of the methods of vaccination, before the days of asepsis and the use of cow vaccine. Early vaccinations were made by inoculating from person to person, a practice which undoubtedly did transmit disease. Now vaccine virus is secured from healthy calves under the supervision of United States Inspectors and is prepared under the strictest aseptic precautions.

The method of vaccination has also improved. Where formerly it was done carelessly and without aseptic precautions, it now receives the same care and attention as a surgical operation.

Occasionally vaccination sores do assume a serious aspect due to infection after vaccination. This infection occurs because of improper care of the wound or scratch. It must be remembered that a vaccination should receive the same care as any wound until entirely healed. Since modern methods have been adopted, careful investigation shows that only one death out of a million vaccinations can be truly charged to vaccination, directly or indirectly.

With pure vaccine carefully used, vaccination is a perfectly safe procedure and will not cause serious complications, and will surely prevent smallpox.

THE STATE BOARD OF HEALTH.

For the benefit of those unable to be present at the meeting of the Connecticut Public Health Association, the following extract from the paper read by the Secretary of the Board is published, as it is believed that every thinking person should know the exact Status of the Board at the present time.

During the epidemic of the past summer the State Board of Health was unable to properly respond to the appeals for help that had come to it from many quarters.

Has a deaf ear been turned, have the appeals been treated lightly, or, are there good reasons why the State Board has not actively engaged the forces that endanger the lives and health of the people ?

The answer is this, — the appeals **have** been heard and they have been seriously considered but with both hands tied little or nothing can be accomplished. Without the hand of authority and the hand of finance it can merely shout advice and kick at restraint.

It is surprising to note the number of people who are still under the impression that the State Board of Health has almost unlimited powers and is reasonably well equipped with funds.

Let us look at the situation as it really is, —

The Board has the authority to **request** information concerning diseases prejudicial to public health but cannot institute an investigation nor introduce measures for control. Local health officers can be advised but not assisted. Indifference or neglect of duty may be noted but cannot be corrected.

Provision has been made for the study of water and sewerage works without the power to regulate. The statutes require the dissemination of information on health subjects without providing funds for the purpose. Vital statistics which should be available within a few weeks cannot be tabulated for over a year because of restrictions imposed.

"These few examples should be sufficient to convince the most skeptical of the urgent necessity for granting the State Board regulating power, and for the reorganization of the health system of the State.

To glance at the finances — the appropriations for the fiscal year are as follows:

General expenses,

Administration, including salaries	\$5,500
Vital Statistics, including Town supplies	3,500
Bacteriological Laboratory	9,000
Antitoxin for free distribution	5,500
Spring and Bottled Water Inspection	500
Total	\$24,000

These figures show that the state is allowing for the protection and preservation of the health of each of its citizens, through the State Board of Health, just TWO CENTS a year.

What are other States doing for their citizens,—

Maine	2.0 cents
New Hampshire	4.8
Rhode Island	3.1
Massachusetts	6.2
Vermont	9.2
Pennsylvania	12.7

The average per capita expenditure for health by the State Boards of Health of New England, outside of Connecticut, is $5\frac{1}{2}$ cents — can it be that all New England is foolishly spending more than twice as much as it should, or is Connecticut just so much less progressive ?

But Connecticut is a progressive state, — it has spent a million dollars to protect and conserve its maritime interests, — it is spending annually two and one-quarter million on the highways, two hundred thousand to care for its tuberculosis sick, fifty-six thousand a year to guard insurance interests, thirty-seven thousand to protect cattle, forty-six thousand for fish and game, and yet only twenty-four thousand to preserve the health of its people.

We have become fully convinced that Connecticut, in its progressiveness along other lines, has overlooked the matter of health and has just begun to realize the fact.

This being true, the effort that will be made this coming winter to reorganize the health system of the state and place it upon a good financial basis, we expect, will meet with hearty support."

THE CONNECTICUT PUBLIC HEALTH ASSOCIATION.

Organization of the Connecticut Public Health Association was accomplished in New Haven on December 6th, by more than one hundred prominent and enthusiastic health workers.

It has been generally recognized that an institution co-ordinating the various health activities throughout the state was desirable and necessary. Many associations and societies, state and local in character, were represented at this meeting. These organizations have been doing excellent work along specific lines and by affiliation with a representative body, such as the Connecticut Public Health Association promises to be, their field will be broadened and their usefulness enhanced.

"In union there is strength" and before this union of health workers of Connecticut, influences prejudicial to public health must give way.

Every citizen interested in public welfare should be a member of this Association, whether it is possible to take active part or not.

The constitution and by-laws, as presented for adoption at this meeting are submitted herewith and the officers elected to serve until the next annual meeting are as follows:

Officers

<i>President</i>	Dr. Stephen J. Maher,	New Haven,
<i>Vice-President</i>	Prof. C. J. Bartlett,	New Haven,
<i>Treasurer</i>	Hon. James A. Marr,	Bridgeport,
<i>Secretary</i>	Dr. C. P. Botsford,	Hartford,

Board of Directors:

Hon. F. H. Stadtmueller,	West Hartford,
Prof. C. E. A. Winslow,	New Haven,
Dr. Elias Pratt,	Torrington,
Mr. C. D. Roberts,	Beacon Falls,
Dr. George N. Lawson,	Middle Haddam,
Dr. W. P. S. Keating,	Willimantic,
Mr. Wilson H. Lee,	New Haven,

Start the new year right by filling out a membership card and sending it to the Secretary, Dr. Botsford.

CONSTITUTION AND BY-LAWS.

ARTICLE I.—NAME.

The name of this Association is the Connecticut Public Health Association

ARTICLE II.—OBJECT.

The object of this Association is to protect and promote public health and safety.

ARTICLE III.—MEMBERSHIP.

All persons resident in and all organizations located in the State of Connecticut, in sympathy with the object of the Association are eligible to membership.

ARTICLE IV.—OFFICERS.

The officers of this Association are a president, a vice-president, a secretary, and a treasurer, who shall be elected by the Association and shall serve from the close of the meeting at which they are elected until the close of the next annual meeting, and until their successors are elected and qualified.

ARTICLE V.—ADMINISTRATION.—BOARD OF DIRECTORS.

The affairs of this Association shall be administered by a Board of Directors, consisting of the Officers and seven additional persons to be chosen annually at the annual meeting of the Association.

ADVISORY COUNCIL.

Nominations of Officers and Directors shall be made by an Advisory Council. The Advisory Council shall consist of one member from each County of this State, who shall be elected by the members of the Association resident in each of the several Counties; provided, that this article shall not be construed to deprive any member of this Association of his right to make nominations.

ARTICLE VI.—MEETINGS.

Meetings of the Association shall be held at such times and places as may be directed under the by-laws. Twenty-five members shall constitute a quorum.

ARTICLE VII.—AMENDMENTS.

This constitution may be amended by a two-thirds vote of the members present and voting, at an annual meeting of the Association; provided, that the call for such meeting shall have specified the particular amendment which is to be acted upon, and provided further that no amendment shall be acted upon before the annual meeting following that at which it was proposed.

BY-LAWS.

ARTICLE I.—MEMBERSHIP.

SEC. 1. All persons proposed and accepted for membership by the Association shall be regular members thereof so long as they conform to this constitution and by-laws.

SEC. 2. All persons proposed and accepted for membership by the Association who contribute a sum of Five Dollars or more annually to the support of the Association shall be known as "Sustaining members."

SEC. 3. Any society, association or corporation engaged in the promotion of public health and safety may, when nominated by the Advisory Council and elected by the Association, become a member of the Association, and shall be entitled to one vote.

SEC. 4. The individual or corporate membership dues shall be One Dollar a year.

ARTICLE II.—ADVISORY COUNCIL.

The Advisory Council shall be elected as specified in the constitution, either at or before the annual meeting.

The Advisory Council shall meet at its own convenience and shall report nominations for Officers and Directors to the Secretary. Said nominations shall be acted upon some time during the annual meeting. A majority of the Advisory Council shall constitute a quorum.

ARTICLE III.—BOARD OF DIRECTORS.

The planning of the work of the Association, management of meetings and all other matters pertaining to the administration of its affairs shall be vested in the Board of Directors, except as otherwise expressly provided.

The President of the Association shall be chairman of the Board. The Board shall make its own rules.

The Board of Directors shall have power to fill vacancies among the Officers and Directors until provided at the next annual meeting.

The Board of Directors may appoint such committees as it may deem desirable.

A majority of the Board of Directors shall constitute a quorum.

ARTICLE IV.—MEETINGS.

There shall be at least one stated annual meeting of the Association, at a time and place to be fixed by the Board of Directors. Other meetings of the Association may be called by the Board at such times as it deems proper.

ARTICLE V.—AMENDMENTS, ETC.

These by-laws may be amended by the vote of a majority of all the members of the Association present at any annual meeting, the call for which shall have specified the particular amendment to be acted upon, or the by-laws may be suspended at any meeting by a two-thirds vote of all members present.

Adopted at New Haven, Connecticut, December 6, 1916.

Attest: John T. Black, M.D.

Acting Secretary.

INTERPRETATION OF THE WASSERMAN TEST.

Prof. H. W. Conn. Director State Laboratory.

From correspondence that reaches this laboratory it has become evident that not all physicians are familiar with the extent of reliance that can be placed upon the Wasserman test or its proper interpretation, and this has led to the following statements, which may be of value to those who are utilizing this part of the work of the state laboratory.

The Wasserman test is the most complicated of the tests undertaken at this laboratory. In endeavoring to increase its delicacy, various modifications have been devised in different localities which increase its usefulness, but which have not been uniformly adopted by all laboratories. Hence occasionally, when the same specimen is submitted to two reliable laboratories contradictory reports are obtained. This will be obviated when all laboratories use identical reagents and identical methods. The test as performed in the state laboratory uses a very sensitive reagent, (Cholesterinated antigen) but one that does not give a reaction in a non-syphilitic subject.

When a **strongly positive Wasserman** is obtained, and reported by this laboratory as + + + +, it must be considered indicative of syphilis, especially if confirmed by a second test either from the same or from another trust-worthy laboratory. It should be borne in mind by the physician, however, that acute pneumonia, catarrhal jaundice, and malaria at the time of the chill, together with a few rare tropical diseases, may possibly give a positive reaction in patients not suffering from syphilis. If one laboratory gives a positive and the other a negative report, further tests should be made until agreement is reached, although in general, a positive report is more to be depended upon than a negative one.

A negative report does not in itself exclude syphilis.

During the early days of the primary lesion the Wasserman is usually negative, as the disease is a local affair, and has hardly affected the blood. At this stage of the disease the organism can commonly be detected by direct microscopic examination of the discharge from the chancre. It is especially important to detect the disease at this stage, inasmuch as at this period a complete cure is more easily obtained than at a later period.

By the time the secondary stage is reached (rash — Mucous patches, the Wasserman reaction is positive in nearly 100% of the cases.

The Wasserman reaction may be absent or faint when years have elapsed since the first symptoms, or after active treatment has been begun. Not infrequently, however, a negative reaction (in the case of a latent syphilitic) may be changed to a positive reaction as the result of treatment, either with salvarsan or a mixed treatment with other drugs, this positive reaction becoming negative after the treatment has become effective. If the case is cured, the test becomes negative; or it may become negative if the case simply becomes dormant, but might later show a positive reaction.

In **weakly positive tests** (+ or + + the reaction is in itself of little weight in an untreated patient. If, however, the patient has been treated for syphilis, the appearance of a + or + + reaction where there was previously a negative, is not unusual, and indicates that the treatment has not been sufficient and

should be continued. If the clinical evidence be strongly in favor of syphilis a + + or + + report should have the same significance as a + + + + in diagnosis. From the laboratory standpoint the physician should also bear in mind that the distinctions between + and + + are very difficult to draw, and he must not be surprised if a case reported one day with a +, should upon another period be reported as + +, or vice versa.

The Wasserman reaction is of great value in cases of congenital syphilis, although it is not to be entirely relied upon in the case of young infants. It does, however, give a very high percentage of positive cases in older children. One cannot, however exclude congenital syphilis in older children, or even in adults, on the strength of a negative reaction alone. In such cases the parents or brothers and sisters should be tested, and should be examined for evidence of syphilis.

To the physician who is inclined to rely upon the Wasserman test solely, as his means of diagnosing syphilis, the test will oftentimes prove confusing rather than a help. It cannot be regarded as a short cut to diagnosis, but personal histories, as well as family histories, should be always considered. The physician who regards a positive Wasserman as only one of the strong symptoms of this disease, which must be included with the various others that present themselves, will find the laboratory tests of very great value; and in many cases it will determine the diagnosis where this would otherwise be impossible.

In brief, then, the physician should look upon the Wasserman test as of great aid in the diagnosis of syphilis, but not as in itself final. A report of + + + + may be, especially if it is reaffirmed by a second test, almost surely called a positive case. A negative report might be found in a case of primary syphilis, or an older case of a dormant nature, although in a majority of cases it would indicate the absence of the disease. A report of +, + +, or + + +, must be looked upon as indicating suspicion, or perhaps as indicating the immediate result of treatment of a case of dormant nature. These must be judged largely by clinical symptoms, and the physician must not be surprised if a patient that gives a suspicious reaction of this type at one time should at a subsequent period of even a few days later give a reaction somewhat different, especially if he is undergoing treatment.

MORTALITY SUMMARY — NOVEMBER

Total deaths for November	1534	Death rate	14.8
Average death rate for November last five years			13.0
Annual death rate 1915			14.9
Deaths from communicable diseases			181
Per cent of total deaths			11.8
Deaths under one year 245		Rate per thousand births	81

CASES—COMMUNICABLE DISEASES

REPORTED BY LOCAL HEALTH OFFICERS

NOVEMBER 1916

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases See "Notes"	Other Diseases See "Notes"
STATE—TOTAL	1,238,723	62	35	203+	63	75+	176	1	30	142	37	5
Over 50,000 inhabitants:												
New Haven.....	148,951	1	.....	4	5	7	23	1	2	16	.....	.....
Bridgeport.....	120,688	5	.....	4	4	.....	33	.....	4	21	.....	.....
Hartford.....	110,354	7	.....	6	17	3	16	.....	4	15	G16 S9	.....
Waterbury.....	86,342	10	31	3	8	.....	11	.....	1	8	.....	.....
New Britain.....	53,344	2	.....	.....	2	2	2	.....	3	11	.....	.....
From 25,000 to 50,000 inhabitants:												
Stamford (city).....	30,622	.....	.....	.....	.....	.....	4	.....	.....	6	.....	c2
Meriden (city).....	29,046	.....	.....	.....	1	.....	2	.....	.....	.....	.....	.....
Norwalk.....	26,778	1	.....	.....	3	.....	10	.....	.....	1	.....	.....
From 15,000 to 25,000 inhabitants:												
Danbury (city).....	22,452	1	.....	.....	3	.....	7	.....	I	3	.....	.....
Norwich (city).....	22,236	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....
New London.....	20,925	1	1	1	1	.....	9	.....	1	5	.....	.....
Greenwich (town & boro) ..	19,037	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
Torrington (boro).....	18,000	.....	.....	.....	1	.....	4	.....	.....	3	.....	L1 O1
Ansonia.....	16,634	.....	.....	8	.....	.....	1	.....	.....	3	.....	.....
Bristol (city & boro) ..	15,817	1	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Manchester.....	15,465	2	.....	.....	1	.....	.....	.....	.....	5	S3	.....
From 10,000 to 15,000 inhabitants:												
Naugatuck (boro).....	14,030	.....	3	45+	.....	2	.....	.....	.....	4	.....	.....
Orange.....	13,838	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Middletown (city).....	13,208	.....	.....	.....	.....	.....	1	.....	.....	1	.....	.....
Willimantic (city).....	12,605	.....	.....	.....	.....	.....	.....	.....	.....	4	.....	.....
Enfield.....	11,531	3	.....	2	.....	.....	.....	.....	.....	.....	.....	.....
From 5,000 to 10,000 inhabitants:												
Wallingford (boro).....	9,861	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Derby.....	9,627	.....	.....	.....	1	.....	4	.....	.....	1	.....	.....
Middletown (town).....	9,498	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....
Winchester.....	9,228	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
East Hartford.....	9,177	.....	.....	.....	.....	.....	1	.....	.....	2	.....	.....
Norwich (town).....	8,131	.....	.....	.....	.....	.....	1	.....	.....	1	.....	.....
Plainfield.....	7,857	.....	.....	.....	1	.....	1	.....	.....	.....	G1	.....
Stonington (town).....	7,556	.....	.....	.....	.....	1	.....	.....	.....	1	.....	.....
Fairfield.....	7,121	.....	.....	.....	.....	.....	2	.....	.....	2	.....	.....
Stratford.....	6,945	.....	.....	.....	.....	16	1	.....	.....	1	.....	.....
Southington (town & boro) ..	6,890	.....	.....	71+	.....	1+	2	.....	.....	1	.....	.....
Hamden.....	6,584	.....	.....	2	2	.....	5	.....	.....	1	.....	.....
Plymouth.....	6,336	.....	.....	.....	.....	.....	.....	.....	.....	.....	G2	.....
Branford (town & boro).....	6,251	.....	.....	.....	.....	.....	2	.....	.....	.....	.....	.....
West Hartford.....	5,781	1	.....	.....	1	.....	1	.....	1	.....	.....	.....
Seymour.....	5,533	1	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
Glastonbury.....	5,117	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
From 2,000 to 5,000 inhabitants:												
Milford.....	4,715	.....	.....	1	.....	.....	1	.....	.....	1	.....	.....
Windsor.....	4,516	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Westport.....	4,404	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
Watertown.....	4,300	.....	.....	.....	.....	.....	4	.....	.....	.....	.....	.....
Stamford (town).....	4,211	2	.....	.....	.....	1	.....	.....	.....	1	.....	.....
Windsor Locks.....	4,106	1	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
New Canaan (town & boro) ..	4,085	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
Bethel (town & boro).....	4,071	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Berlin.....	3,896	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Thompson.....	3,822	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....
Thomaston.....	3,672	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Farmington.....	3,565	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
Salisbury.....	3,541	.....	.....	+	.....	.....	.....	.....	.....	.....	.....	.....
Jewett City (boro).....	3,502	.....	.....	1	2	.....	.....	.....	.....	.....	.....	.....
Danbury (town).....	3,466	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Stafford Springs (boro).....	3,418	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ridgefield (town & boro) ..	3,413	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
Plainville.....	3,297	10	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Bridgewater and Ellington have failed to report; towns not listed reported no cases of infectious disease.

CASES—COMMUNICABLE DISEASES (Continued)

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases	Other Diseases See "Notes"
Sprague	3,278					1					
Waterford	3,212				+	1					
Montville	3,049								2		
Danielson (boro) ..	3,000							1	1		
Simsbury	2,802				9	2		1	1		
Canton	2,764			1	2	4			1		
Wallingford (town) ..	2,585	1				3		3			
South Windsor	2,393							3	1		
North Canaan	2,391		45		12						
North Haven	2,308								2		
Cromwell	2,282			1							
East Haven	2,171	1				2					
Saybrook	2,070	1			17						
Bloomfield	2,005			1							
Under 2,000 inhabitants:											
Cheshire	1,988		1								
Stonington (boro) ..	1,966	1	1		1				1		c1
Haddam	1,924					1					
Wilton	1,770	1									
Somers	1,689					1					
Trumbull	1,675					1					
Torrington (town) ..	1,500					1					
Beacon Falls	1,482			3					2		
Windham (town)	1,478									G3s2	
Chester	1,473								1		
Preston	1,383								3		
Burlington	1,379			1	1						
Avon	1,358					1					
Sterling	1,327					1					
Rocky Hill	1,283								1		
Willington	1,248								1		
Brookfield	1,134								2		
Colchester (boro) ..	1,050								1		
Cornwall	921		3								
Lisbon	900			1							
Voluntown	724									G1	
Canaan	632		2			1			2		
Franklin	516			1							
Sherman	516		3								
Colebrook	421							2			
Scotland	468					1					
Salem	428							1			
Union	259										

NOTE:—(s) syphilis; (G) gonorrhoea; (o) ophthalmia; (L) leprosy (c) chicken pox
 m) mumps; (x) septic sore throat; (p) pellagra; + few ++ epidemic.

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Line Number.	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1916.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, November 1915.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut.	1,238,723	2881	83	1571	1534	14.8	13.0	244	88	443
2	Ansonia.....	16,634	46	1	27	14	10.9	10.9	4	...	2
3	Branford.....	6,251	9	1	3	2	3.8	17.3	1	...	1
4	Bridgeport.....	120,688	384	15	190	190	17.5	13.6	30	16	33
5	Bristol.....	15,817	32	...	22	16	11.3	12.3	3	2	3
6	Danbury.....	25,918	42	...	29	21	7.8	14.9	1	1	6
7	Derby.....	9,627	49	3	31	21	21.1	20.1	6	3	4
8	East Hartford,...	9,177	17	...	13	6	7.8	3.9	1	1	2
9	Enfield.....	11,531	22	...	19	18	18.7	4.2	3	...	7
10	Fairfield.....	7,121	26	...	4	13	20.2	15.4	3	1	4
11	Glastonbury.....	5,117	9	...	2	1	2.3	4.7	...	...	1
12	Greenwich.....	19,037	32	...	29	22	12.6	7.6	5	1	6
13	Groton.....	6,814	13	...	7	4	7.0	17.7	...	...	3
14	Hamden.....	6,584	22	2	9	5	7.2	5.5	3	1	...
15	Hartford.....	110,354	345	11	194	180	15.0	11.4	29	8	49
16	Huntington.....	7,129	12	...	8	8	8.4	10.2	1	...	3
17	Killingly.....	6,401	12	...	13	9	16.8	16.8	4	...	3
18	Manchester.....	15,465	35	...	18	12	9.3	7.0	1	1	4
19	Meriden.....	34,088	68	4	40	40	10.5	10.6	4	...	14
20	Middletown.....	22,706	33	...	14	43	8.4	7.4	2	1	14
21	Naugatuck.....	14,030	26	2	13	10	8.5	12.1	1	3	1
22	New Britain.....	53,344	180	2	73	44	9.6	9.1	10	4	9
23	New Haven.....	148,951	387	15	227	195	14.5	13.2	38	15	46
24	New London.....	20,925	50	1	28	39	18.3	22.5	9	...	12
25	New Milford.....	5,133	6	...	11	3	7.0	16.4	1	...	2
26	Norwalk.....	26,778	70	...	27	34	15.2	14.5	3	2	9
27	Norwich.....	30,367	50	1	43	32	7.9	13.5	2	...	10
28	Orange.....	13,838	16	1	18	17	13.0	13.3	1	1	6
29	Plainfield.....	7,857	15	1	8	6	9.1	10.8	...	...	4
30	Plymouth.....	6,336	16	...	9	4	7.5	5.8	3	...	...
31	Putnam.....	7,240	17	...	10	9	11.6	19.8	2	...	3
32	Seymour.....	5,533	21	...	3	8	17.3	6.6	5	...	...
33	Southington.....	6,890	14	...	11	8	12.1	17.5	3	...	2
34	Stafford.....	5,794	6	...	9	2	4.1	8.3	...	...	2
35	Stamford.....	34,833	75	7	49	38	12.0	10.2	5	5	9
36	Stonington.....	9,522	21	1	7	7	8.8	11.3	2	...	...
37	Stratford.....	6,945	11	...	13	8	12.0	17.6	...	...	3
38	Torrington.....	19,500	41	2	25	23	12.3	5.6	4	1	5
39	Vernon.....	9,450	18	...	9	10	12.6	12.7	3	...	6
40	Wallingford.....	12,446	23	1	9	10	9.6	5.8	1	...	5
41	Waterbury.....	86,342	213	4	83	124	16.9	10.3	23	10	23
42	West Hartford,...	5,781	10	...	6	10	20.7	10.5	3	2	4
43	Winchester.....	9,228	16	2	10	15	14.3	13.0	2	1	8
44	Windham.....	14,083	36	1	9	14	11.0	8.6	1	...	4
Total of above towns,...		1,017,605	2546	78	1382	1295	15.2	13.1	223	80	332
Towns of less than 5,000,.		221,118	335	5	189	239	12.9	12.2	21	8	111

Non-resident deaths in public institutions are not included in the death rates of the towns

HEALTH FOR THE MONTH OF NOVEMBER, 1916

FOR OCTOBER 1916.

DEATHS FROM IMPORTANT CAUSES.															EXTERNAL CAUSES.					Line Number.
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.	Deaths In Institutions.	Deaths of Non-residents.	
11			12		6	25	6	122	21	88	2	6	185	33	109	10	3	436	197	
1					1	2		10	2	10		2	35	7	20	4	1	61	13	
						1		3		1				3				1		
						1		3		2			1	2	3			5	4	
										1			1	2	3			4	4	
								2	1	2			2		1					
						1		1	1				1						1	
								2		2			2		1	1		7	2	
										1								1		
					1	3		8	2	6		1	21	3	20	1		88	42	
								4						1				3	3	
								2		2				2						
							1	13		1			3	1	2			18	10	
								3	2	1			3		1			29	27	
			1					1		1			1		1					
						4	1	3		3			6	2	2			1	1	
								9	6	1	2	1	31	1	10	2		82	14	
								2		5			6		1			10	7	
						2		1	1	2			5					5		
							1	3	1	3			3		4			13	12	
									1	1		1			2				2	
															2					
								1					1	1				3	2	
										1				1	1					

LABORATORY STATISTICS — NOVEMBER.

Prof. H. W. Conn, Director.

Examinations and Analyses.

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis,	30	321	4	355
Diphtheria, release,	17	62	—	79
Tuberculosis,	21	105	—	126
Typhoid,	17	40	7	64
Syphilis,	96	299	65	460
Malaria,	1	5	—	6
Glanders,	6	4	1	11
Gonococcus	1	1	—	2
Rabies,	3	2	—	5
Meningococcus,	—	1	—	1
Pus,	—	—	—	1
Faeces (For Typhoid),	—	1	—	1
Milk samples examined (from 24 towns)				225
Water samples analyzed				43
Sewage and effluents examined				8
Oil samples tested,				1
Total Laboratory operations during November				1388

METEOROLOGICAL SUMMARY—NOVEMBER, 1916

MONTHLY SUNSHINE RECORD

Hours actual sunshine, 165.0. Hours possible, 294.9. Percentage of possible sunshine, 56.

WEATHER.

Number of days, clear	9
Partly cloudy	12
Cloudy	9
On which .01 inch, or more, occurred	11

Total Precipitation this month in

1905-1.77	1906-2.90	1907-4.74	1908-0.92
1909-2.01	1910-1.36	1911-4.18	1912-3.53
1913-2.12	1914-2.38	1915-1.75	1916-2.83

PRECIPITATION.

Total this month	2.83
Total snowfall . . . . .	.06
Greatest precipitation in 24 hours, on the 23rd	1.09
Snow on ground end of month	0.0
Normal for this month	3.52
Deficiency for this month as compared with the normal	0.99
Accumulated deficiency since Jan. 1	7.95

ATMOSPHERIC PRESSURE.

(Reduced to sea level; inches and hundredths.)
Mean . . . 30.11; highest 30.54..date 12th
Lowest29.15..date 23rd
Mean monthly relative humidity.70%

TEMPERATURE.

Highest. .65, date 9th; lowest 20, date . 22nd;
Greatest daily range 28date 7th;
Least daily range 6date 5th;
Mean highest. . .49.7; lowest. 33.0

Mean for this Month in

1905-40	1906-41	1907-42	1908-41
1909-45	1910-39	1911-40	1912-44
1913-44	1914-41	1915-43	1916-41

Mean for this month 41.4

Normal for this month 39.5

Absolute maximum for this month for

13 years 74

Absolute minimum for this month for

13 years 14

Average daily Excess this month as compared with normal 1.9

Accumulated excess since Jan. 1. 162.

Average daily excess since Jan. 1. 0.5

WIND

Prevailing direction South

Total movement 5722 miles

Average hourly velocity 7.9

Maximum velocity (in five minutes) 38 miles per hour, from S. on 23 rd.

U. S. Department of Agriculture Weather Bureau, Hartford Station.

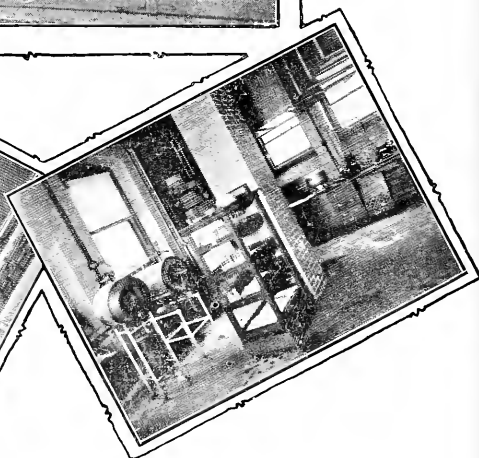
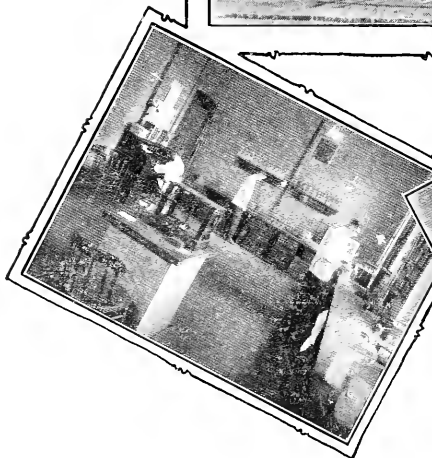
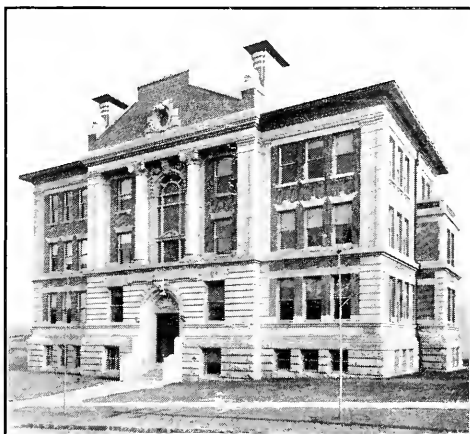
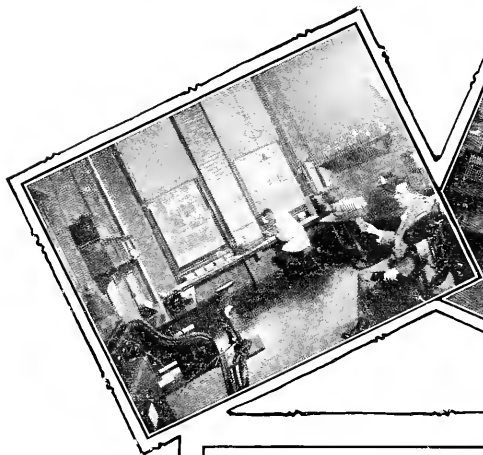
WILLIAM W. NEIFERT, METEOROLOGIST

As Others See Us

A recent survey of State Health Work in all the States of the Union, made by Dr. Charles V. Chapin under the direction of the American Medical Association gives Connecticut the following ratings :

		Connecticut Rating	Per cent Possible.
Supervision of Local Health Officers —	Personal Supervision	0	60
	Conferences	10	20
	Bulletins	5	20
Communicable Diseases —	Notification	19	30
	Direct Control	10	80
	Intensive Work	0	50
Tuberculosis	Notification	12	20
	Sanitoria	15	20
	Hospitals	15	20
	Dispensaries	0	20
	General Education	10	30
	Direct Control	0	30
Diagnostic Laboratory	Scope of Work	8	10
	Amount	60	70
Distribution of Sera and Vaccines —	Varieties	6	10
	Amount	30	40
Vital Statistics —	Deaths	40	40
	Births	40	40
	Tables	10	20
Child Hygiene —	Intensive Work	0	40
	Literature to Mothers	0	10
	Ophthalmia Prevention	5	10
	Supervision of Midwives	0	10
Education —	Newspapers	0	30
	Bulletins	10	30
	Exhibits	0	30
	Lectures	0	10
Food —	Milk Supervision	30	40
	Sanitary Handling of Food	10	20
General Sanitation —	School Construction	0	20
	Public Institutions	0	10
	Hotels and Camps	8	10
Control of Water and Sewage —	Approval of Plans	20	40
	Surveys	20	30
	Supervision	0	30
Total		393	1000

Laboratory of the State Board of Health



Bacteriological

Chemical

Milk and Water

Headquarters
Scott Memorial Building

Special

Monthly Bulletin

Connecticut

State Board of Health



JANUARY 1917

MODERN health science is in position to yield large and tangible results in the saving of human lives.

Marcus H. Holcomb
Governor of Connecticut

Connecticut State Board of Health

HARTFORD.

Membership of the Board

EDWARD K. ROOT, M. D., President.....	<i>Hartford</i>
ALBERT W. PHILLIPS, M. D.,.....	<i>Derby</i>
LEWIS SPERRY, Attorney at Law,	<i>South Windsor</i>
ARTHUR J. WOLFF, M. D.,.....	<i>Hartford</i>
LOUIS J. PONS, M. D.,.....	<i>Milford</i>
J. FREDERICK JACKSON, M. A. S. C. E.	<i>Hamden</i>
JOHN T. BLACK, M. D., Secretary,	<i>New London</i>

Organization

Bureau of Administration.....	John T. Black, <i>Executive-Secretary</i>
Bureau of Laboratories.....	Herbert W. Conn, <i>Director</i>
Bureau of Sanitation and Engineering.....	J. Frederick Jackson, <i>In Charge</i>
Bureau of Vital Statistics.....	John T. Black, <i>Superintendent</i>
Bureau of Preventable Diseases.....	} Organization not complete; under supervision of Executive Secretary.
Bureau of Registration and Licenses.....	
Bureau of Publicity & Education.....	
Bureau of Supplies and Biologic Products.....	

Address all communications to

The Secretary, Connecticut State Board of Health, Hartford, Conn.

This Bulletin free to any citizen of Connecticut for the asking.

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MONTHLY BULLETIN

Connecticut State Board of Health

All communications should be addressed to the Secretary—Hartford, Conn.

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New Series, Vol. IV. No. 1 **HARTFORD, JANUARY 20, 1917** Full Series, Vol. XXXI, No. 1

THE GOVERNOR'S MESSAGE.

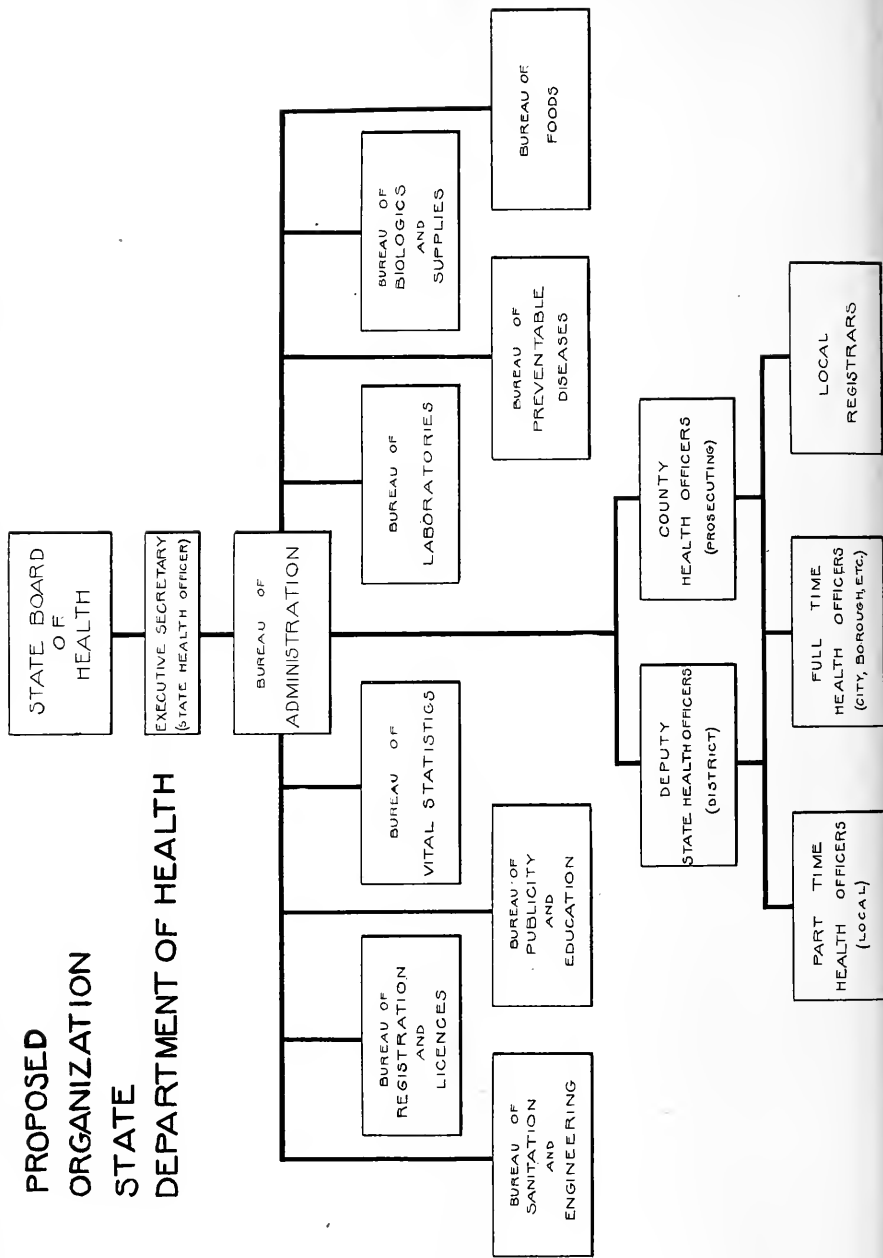
That portion of Governor Holcomb's Inaugural Message relating to the health of the state doubtless meets with universal approval. Read it again, —

THE STATE DEPARTMENT OF HEALTH.

“The infantile paralysis outbreak of last summer and the widespread smallpox epidemic with which we are now threatened, have emphasized the urgent need of more adequate organization for the protection of the health of our citizens. Modern health science is in a position to yield large and tangible results in the saving of human lives. The cities of Connecticut are for the most part well protected, but the residents in our rural communities are too often unable to secure the benefit of the best modern knowledge and the most efficient sanitary administration.

What is needed is the reorganization of our state health machinery so that the state board of health may be strengthened and placed in a position to furnish to the local health officer the advice and the moral support which he needs. I urge earnest consideration of this question, with a view to a remodeling of our state health laws and that you make an appropriation for the state board of health sufficient to give our state a health administration adequate for modern needs.”

**PROPOSED
ORGANIZATION
STATE
DEPARTMENT OF HEALTH**



WHAT IS NEEDED TO ACCOMPLISH THIS PLAN.

Legislation authorizing the State Board of Health—

To adopt and to secure the enforcement of uniform sanitary regulations throughout the State,

To divide the State into four sanitary districts and to appoint deputy state health officers as supervisors,

To appoint and define the duties of directors for the bureaus of Sanitation and sanitary engineering and Preventable diseases.

To appoint certain local health officers and to define the duties and relationships of all appointees and health officers;

Also, legislation permitting the consolidation of towns or towns and cities for the purpose of securing the services of a full-time health officer with the privilege of selection.

To carry out the provisions above cited the appropriation of the state board of health must be increased about \$30,000, an increase of $2\frac{1}{2}\%$ per capita.

DEPRIVE YOURSELF OF ONE TROLLEY RIDE OR ONE CHEAP CIGAR AND THE NICKEL SAVED WILL PAY YOUR SHARE OF THE COST OF STATE HEALTH WORK FOR A WHOLE YEAR.

STATE BOARD OF HEALTH REPORT

For the year ending Sept. 30, 1916.

(As Submitted to the Governor)

PERSONNEL. It is with keen regret that the Board reports the death of one of its members, Dr. Joseph H. Townsend, who died January 7, 1916 at his home in New Haven after a brief illness with pneumonia. Dr. Townsend had been a member of this Board since 1901, and its Secretary since 1906. By his death the State lost a most capable and conscientious official.

Dr. Albert W. Phillips, of Derby, and Dr. Louis J. Pons, of Milford, were appointed by you on May 1, 1915, to serve on the Board for six years from July 1, 1915, both being reappointments.

Dr. John T. Black, of New London was appointed by the Board on January 18, 1916, as Secretary and ex-officio member, filling the vacancy caused by the death of Dr. Townsend.

MEETINGS. Regular quarterly meetings, as required by law, have been held and, in addition, a number of special meetings. The frequent necessity for special meetings to dispose of the increased volume of business resulted in the Board, at its last annual meeting voting to hold regular monthly meetings in the future.

ADMINISTRATION. Administrative duties of the Board have been materially increased by added legislation and an ever-growing public demand for advice and assistance. In the endeavor to meet these demands, it has been necessary to move our library of approximately ten thousand volumes to the State Library Building, utilizing the space thus acquired for a modern filing system: and to divide the work of the office into bureaus or divisions. Whether the anticipated change in administrative methods is accomplished or not, it will be necessary to provide for considerable increase in this department.

VITAL STATISTICS. While the vital statistics of Connecticut have been considered to be among the best, two conditions are now seriously jeopardizing their reputation; one is the increase in the number of certificates, which has been at the rate of two thousand a year; the other is the greater demand for special data and tables. The clerical force of this bureau has not been increased for a number of years and the tabulation of statistics has required more time each year until now, complete tabulation is not accomplished under fifteen months. This should be completed within three months.

PREVENTABLE DISEASES. A full report of preventable diseases will be found in the supplementary report of the Secretary. The most serious and wide-spread epidemic in years, and one which caused great consternation was the invasion of Infantile Paralysis during the past summer. The rapid progress of this disease, with its high fatality, resulted in a near-panic. Hundreds of appeals to the State Board of Health for assistance had to be ignored for lack of authority and funds. Had the Board been endowed with power to institute and carry out protective measures, the chaotic condition and extraordinary expense incurred by the various towns of the State would hav

been avoided, the confidence of the public would have been retained and health authorities would have been saved humiliation.

BACTERIOLOGICAL LABORATORY. Under the direction of Prof. H. W. Conn, the laboratory, located in Middletown, has rendered excellent service and one that is appreciated by health officers and physicians alike. The operations have more than doubled since our last report, the greatest increase being noted in Wasserman tests. Some research work has been done, largely in the study of oysters. Members of the laboratory staff have assisted in the survey of water-sheds and in the study of the pollution of streams.

SANITATION AND SANITARY ENGINEERING. Practically the entire activity of the Board along these lines has been the study of sewage disposal, stream pollution and water-sheds. With the passage of the acts by the last Legislature conferring upon the Board additional powers and responsibilities along these lines, the work has materially increased. No specific appropriation to carry out the intent of the acts was made, and the efforts of the Board have been necessarily confined to considering plans for future operations. These plans have been worked out and the Board is prepared to go forward with them as soon as the State makes an appropriation. The preliminary work of preparation has disclosed certain weaknesses in the acts and the Board will submit amendments to the incoming Assembly designed to correct these weaknesses and make them operative.

Particularly has the need of control over the operation of water purification and sewage treatment works been shown. Large sums have been expended by municipalities and towns installing works for the treatment of sewage which might just as well have never been expended, because, for the lack of skilled supervision and intelligent operation, the results, as far as conserving the purity of our streams, have been negligible. When we realize that out of sixteen municipal and town sewage treatment plants in the State but three are disposing of sewage satisfactorily, immediate action should be forthcoming. The need of authority to conserve and protect the rights of smaller towns to a pure and liberal supply of water, and the insistence on the recognition of this right by the larger municipalities and companies, when making provisions for increasing their supplies, is imperative. More definite control over the schools and public institutions of the State from a sanitary standpoint is desirable, specific powers in treating nuisances, such as abattoirs rendering and all other industrial plants, which are liable to pollute the air and water of a community, are needed, as well as control of suburban land developments in respect to water supply and sewage.

ANTITOXIN AND VACCINE. Eight thousand packages of antitoxin were distributed to the Health Officers for free use during the past two years. This has saved many lives, prevented many others from contracting diphtheria and has saved the citizens of this State, on the purchase of antitoxin, approximately \$30,000.

Vaccine for smallpox prevention has not been called for nor distributed until recently. Just what the demand will be we cannot foretell, but it will undoubtedly increase to the extent of embarrassing our present appropriation.

FOOD CONTROL. While the Board has co-operated at times with the Dairy and Food Department, there are certain problems which should be

taken up and assigned to that Department or this Board. At present, the control of spring and bottled waters is, by law, delegated to this Board, as well as the analysis of milk. The problems which must be met and for which no provision is made at the present time are the inspection of oysters and oyster grounds, inspection of meat and meat products, and the regulation of cold storage.

RECOMMENDATIONS.

The State of Connecticut has outgrown its present health system. The rapidly changing social and economic conditions, coupled with recent discoveries in science and sanitation have placed certain responsibilities upon your Board which cannot be met under the present organization. The Board must have more than advisory powers. A closer relationship must be established between the Board and the local Health Officers and uniformity of regulations is imperative.

The weakness of our present health system is not alone recognized by this Board. An enlightened and progressive public is calling with increasing insistency for more energetic and efficient health-protective measures.

As public servants we must meet these demands and the health system of Connecticut must be placed on a more modern and business-like basis. There are many good laws on the statute books and there are some which have outlived their usefulness. While we do not presume to suggest complete revision, we do believe that legislation to remedy the conditions we have just mentioned is an urgent necessity.

In brief, legislation is deemed advisable for the following purposes:

1. To give the State Board of Health authority to adopt and enforce a sanitary code, and to fix standards of qualification for health officers and to appoint certain division heads and health officers.
2. To provide for an epidemiologist and sanitary engineers, and for four deputy state health officers to be assigned to districts.
3. To permit adjoining towns to consolidate for the purpose of employing a full-time health officer and to permit the nomination of the health officer by them.
4. To define the duties and relationships of various health officials for the development of an effective and harmonious organization.

In making these recommendations the Board has carefully considered their feasibility and has recommended only such measures as have been demonstrated elsewhere to be practical and efficient.

It is obvious that the appropriation must be materially increased if the above plan of reorganization is adopted. At the same time we do not feel that the cost will be exorbitant or unusual.

The present appropriation is equivalent to a tax of 2¢ per capita. It is estimated that the new system will add to this 2½¢ per capita, making a total of 4½¢ per capita per annum for state board of health work. This is 1¢ per capita less than the average expenditure for the same purpose made by all New England states outside of Connecticut.

THE NEW PROFESSION OF PUBLIC HEALTH.

"The only sane and scientific procedure is a health administration that is in its personnel, of high-grade to command public respect; in its organization, simple to prevent duplicated effort; in its provision, adequate for the work to be done in its field. Just a word as to the personnel.

"Perhaps it need hardly be said that here is the work of a new profession. The doctor alone cannot meet the situation — our already overburdened medical curriculum cannot take on in addition hygiene, sanitation, vital statistics epidemiology and all the rest. The applied science of preventive medicine has come to have a training of its own, recognized by special degrees, — the C. P. H., or certificate in public health., and the D. P. H., doctor of public health. The object of this special training is a specific service—the prevention of disease. But evidently it is impossible to prevent disease without a knowledge of disease. Therefore the higher degree in public health pre-supposes some medical training, often the regular medical degree.

"But there is a distinction in point of view between medical practitioner and public health official. As Dr. Rosenau says the doctor diagnoses and treats with a view to curing. His relation to the patient is personal. The health officer's interest is in the modes of spread of disease, and in methods of preventing that spread. His attitude is impersonal. His relation is to the community, large or small, not to the individual."

Alice Hamilton, M. D., and Gertrude Seymour, in "The Survey."

WALK.

Take time to walk — or *make* time to walk. The pernicious habit of hopping on a trolley car to go a block or two robs many of the necessary health-preserving exercise they should have.

Not only does one lose the exercise and invigorating fresh air but is, especially in the winter months, subjected to the likelihood of catching colds. Most colds are contagious and on every crowded car will be found some one who will unwittingly toss you a cold if you get within range. Walk for health!

MORTALITY SUMMARY — DECEMBER

Total deaths for December	1839	Death rate . .	17.8
Average death rate for December last five years			15.2
Annual death rate 1915			14.9
Deaths from communicable diseases			233
Per cent of total deaths			12.7
Deaths under one year 276	Rate per thousand births . .		92

CASES—COMMUNICABLE DISEASES

REPORTED BY LOCAL HEALTH OFFICERS

DECEMBER 1916

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases See "Notes"	Other Diseases See "Notes"
STATE—TOTAL	1,238,723	21	88	285	120	66	177	4	11	159	26	13 +
Over 50,000 inhabitants:												
New Haven.....	148,951	3	.....	20	7	1	22	.....	2	21	.....	A1
Bridgeport.....	120,688	3	.....	26	15	1	37	.....	1	23	.....	.....
Hartford.....	110,354	3	.....	8	25	2	21	1	4	20	G8	S8
Waterbury.....	86,342	.....	74	9	1	.....	6	1	1	9	.....	.....
New Britain.....	53,344	1	.....	4	2	.....	4	.....	.....	8	.....	.....
From 25,000 to 50,000 inhabitants:												
Stamford (city).....	30,622	.....	3	1	.....	6	3	.....	.....	7	.....	M2 G4
Meriden (city).....	29,046	.....	.....	.....	1	.....	.....	.....	1	4	.....	.....
Norwalk.....	26,778	.....	.....	2	1	.....	5	.....	.....	3	.....	.....
From 15,000 to 25,000 inhabitants:												
Danbury (city).....	22,452	1	.....	.....	4	.....	8	.....	.....	3	.....	.....
Norwich (city).....	22,236	.....	.....	.....	.....	.....	3	.....	.....	5	.....	.....
New London.....	20,925	2	.....	2	2	2	6	.....	.....	1	.....	.....
Greenwich (town & boro)	19,037	.....	1	.....	.....	.....	1	.....	.....	.....	.....	.....
Torrington (boro).....	18,000	.....	.....	.....	.....	.....	1	.....	.....	4	.....	.....
Ansonia.....	16,634	.....	.....	16	.....	.....	3	.....	.....	3	.....	.....
Bristol.....	15,817	.....	.....	.....	2	2	1	.....	.....	2	G1	S1
Manchester.....	15,465	.....	.....	.....	2	.....	1	2	.....	7	S7	.....
From 10,000 to 15,000 inhabitants:												
Naugatuck.....	14,030	.....	1	22	2	3	1	.....	.....	2	.....	.....
Orange.....	13,838	1	.....	1	2	.....	1	.....	.....	.....	.....	.....
Middletown (city).....	13,208	.....	.....	.....	2	.....	.....	.....	.....	1	.....	.....
Willimantic (city).....	12,605	2	.....	.....	1	.....	1	.....	.....	3	.....	.....
Enfield.....	11,531	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
From 5,000 to 10,000 inhabitants:												
Wallingford (boro).....	9,861	1	1	1	.....	.....	.....	.....	.....	2	.....	.....
Derby.....	9,627	.....	.....	2	.....	.....	1	.....	.....	1	.....	.....
Middletown (town).....	9,498	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....
Winchester.....	9,228	.....	.....	.....	2	.....	.....	.....	.....	.....	.....	.....
East Hartford.....	9,177	.....	.....	.....	2	.....	.....	.....	.....	.....	.....	.....
Norwich (town).....	8,131	.....	.....	.....	1	.....	2	.....	.....	1	.....	.....
Plainfield.....	7,857	3	.....	2	1	.....	.....	.....	.....	.....	.....	.....
Stonington (town).....	7,556	.....	.....	.....	.....	2	.....	.....	.....	.....	.....	.....
Putnam (city & town).....	7,240	.....	.....	5	3	.....	.....	.....	.....	1	.....	.....
Fairfield.....	7,121	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	G3
Stratford.....	6,945	.....	.....	.....	1	.....	.....	.....	.....	2	.....	.....
Southington (town & boro)	6,890	.....	.....	134 +	4	.....	7	.....	.....	.....	.....	X +
Hamden.....	6,584	.....	.....	.....	.....	4	1	.....	.....	.....	.....	.....
Branford (town & boro).....	6,251	.....	.....	.....	1	.....	1	.....	.....	1	.....	I + O1
Shelton (boro).....	5,989	.....	.....	2	.....	.....	.....	.....	.....	.....	.....	.....
West Hartford.....	5,781	.....	.....	.....	.....	.....	.....	.....	.....	3	.....	.....
Seymour.....	5,533	.....	.....	.....	.....	.....	2	.....	.....	.....	.....	.....
Glastonbury.....	5,117	.....	.....	.....	5	.....	.....	.....	.....	.....	.....	.....
Meriden (town).....	5,042	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
From 2,000 to 5,000 inhabitants:												
Milford.....	4,715	.....	.....	.....	.....	.....	1	.....	.....	1	.....	.....
Windsor.....	4,516	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
Westport.....	4,404	.....	.....	.....	1	15	.....	.....	.....	2	.....	.....
Stamford (town).....	4,211	1	.....	.....	.....	.....	2	.....	.....	.....	.....	.....
Windsor Locks.....	4,106	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
New Canaan (town & boro)	4,085	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....
Suffield.....	4,033	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Thomaston.....	3,672	.....	3	.....	.....	.....	1	.....	.....	1	.....	.....
Farmington.....	3,566	.....	.....	.....	2	.....	.....	.....	1	.....	.....	.....
Jewett City (boro).....	3,502	.....	.....	.....	1	.....	2	.....	.....	.....	.....	.....
Danbury (town).....	3,466	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Stafford Springs (boro).....	3,418	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
Killingly (town).....	3,401	.....	.....	.....	.....	.....	2	.....	1	1	.....	.....
Plainville.....	3,297	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....

Haddam and Watertown have failed to report; towns not listed reported no cases of infectious disease.

CASES—COMMUNICABLE DISEASES (Continued)

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever	Small Pox.	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases	Other Diseases See "Notes"
Waterford.....	3,212									1		
Portland.....	3,167				3							
Guilford (town & boro)...	3,130				1							
Simsbury.....	2,802					12	3			1		
Canton.....	2,764				5							
North Canaan.....	2,391			12		13						
East Haddam.....	2,385			1								
Cromwell.....	2,282				4							
East Haven.....	2,171						2					
Saybrook.....	2,070			1		3					G1	
Mansfield.....	2,067									1		
Groton (boro est.).....	2,000									1		
Under 2,000 inhabitants:												
East Lyme.....	1,964				9							
Woodstock.....	1,702			1								M2
Somers.....	1,689						1					
Harwinton.....	1,576						9					
Brooklyn.....	1,558						1					
Madison.....	1,543						1					
Beacon Falls.....	1,482				3		1			3		
Preston.....	1,383									1		
New Hartford.....	1,376						4					
Sterling.....	1,327						1					
Rocky Hill.....	1,283						1			1		
Tolland.....	1,180			3								
Griswold (town).....	1,177									1		
Middlefield.....	1,150									1		
Huntington (town).....	1,140						1			1		
Brookfield.....	1,134									2		
Oxford.....	1,060			1								
Vernon.....	1,059						1					
Cornwall.....	921			2								
Middlebury.....	896		5									
Woodbridge.....	893				1							
North Branford.....	844			1								
Roxbury.....	687									1		
Prospect.....	526			6								

NOTE:—(s) syphilis; (G) gonorrhoea; (O) ophthalmia; (L) leprosy (C) chicken pox
M) mumps; (X) septic sore throat; (P) pellagra; (I) la grippe + few ++ epidemic.
(A) anthrax.

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Line Number.	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1916.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, December 1915.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut.	1,238,723	2979	105	1559	1839	17.8	15.8	276	72	583
2	Ansonia	16,634	53	...	28	19	13.7	11.6	8	1	4
3	Branford	6,251	11	1	4	6	11.5	9.6	...	...	2
4	Bridgeport	120,688	397	14	178	220	19.9	16.7	43	9	38
5	Bristol	15,817	40	1	16	15	10.6	6.1	2	...	7
6	Danbury	25,918	53	1	23	27	10.6	13.1	6	3	4
7	Derby	9,627	37	...	18	14	11.2	16.3	2	2	...
8	East Hartford	9,177	16	...	11	7	9.1	10.6	...	...	5
9	Enfield	11,531	29	...	20	13	12.4	11.6	1	...	7
10	Fairfield	7,121	21	...	6	14	20.2	22.2	1	...	6
11	Glastonbury	5,117	7	...	2	5	11.7	9.4	2	...	1
12	Greenwich	19,037	41	1	17	24	14.4	10.8	4	...	11
13	Groton	6,814	10	2	7	9	10.5	17.7	1	...	3
14	Hamden	6,584	17	1	12	13	21.8	14.7	2	1	7
15	Hartford	110,354	343	16	183	215	18.5	15.4	32	7	57
16	Huntington	7,129	21	...	4	9	8.4	11.9	...	...	4
17	Killingly	6,401	12	...	14	12	22.4	20.5	...	...	6
18	Manchester	15,465	22	2	20	16	11.6	7.0	6	...	5
19	Meriden	34,088	63	6	44	49	13.3	17.3	2	1	16
20	Middletown	22,706	44	2	18	50	11.6	12.2	5	1	18
21	Naugatuck	14,030	13	1	18	19	16.2	15.5	4	5	3
22	New Britain	53,344	159	5	79	72	15.2	11.0	20	2	16
23	New Haven	148,951	457	19	206	230	17.1	15.4	36	12	61
24	New London	20,925	59	2	34	39	20.0	17.9	6	1	13
25	New Milford	5,133	9	1	8	6	14.0	7.0	1	...	3
26	Norwalk	26,778	38	2	24	46	19.2	12.6	3	1	22
27	Norwich	30,367	55	1	31	38	13.8	17.2	2	1	17
28	Orange	13,838	24	2	11	14	12.1	7.9	3	...	4
29	Plainfield	7,857	17	...	3	7	10.6	17.1	...	...	3
30	Plymouth	6,336	21	...	5	7	13.2	9.7	3	...	1
31	Putnam	7,240	8	...	17	12	18.2	19.8	3	...	4
32	Seymour	5,533	19	1	6	5	10.8	8.8	1	...	3
33	Southington	6,890	13	1	8	15	26.1	19.3	2	3	6
34	Stafford	5,794	11	...	8	4	6.2	18.8	1	...	...
35	Stamford	34,833	108	2	53	45	13.0	16.8	8	1	12
36	Stonington	9,522	8	...	13	6	7.5	24.0	2	...	2
37	Stratford	6,945	20	1	9	14	22.4	21.1	2	...	7
38	Torrington	19,500	39	...	28	28	14.1	8.7	2	5	7
39	Vernon	9,450	11	2	9	11	13.9	10.2	1	...	6
40	Wallingford	12,446	23	2	5	8	7.7	14.6	...	...	4
41	Waterbury	86,342	222	11	176	109	13.8	9.7	22	8	20
42	West Hartford	5,781	8	...	3	9	16.6	12.7	5	1	1
43	Winchester	9,228	18	...	13	16	18.2	14.4	4	1	6
44	Windham	14,083	34	...	18	16	11.9	18.9	2	...	6
Total of above towns . . .		1,017,605	2631	100	1410	1513	17.8	16.0	250	66	428
Towns of less than 5,000 . .		221,118	348	5	149	326	17.6	14.9	26	6	155

Non-resident deaths in public institutions are not included in the death rates of the towns.

HEALTH FOR THE MONTH OF DECEMBER, 1916

FOR NOVEMBER 1916.

DEATHS FROM IMPORTANT CAUSES.															EXTERNAL CAUSES.					Line Number.
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.	Deaths In Institutions.	Deaths of Non-residents.	
7			6	1	3	16	60	137	15	85	1	2	295	20	128	16	3	504	229	1
1			1	1		1	1	12	4	1	9		62	3	16	4	1	76	19	2
						1		1	1				3		1			1	1	3
						3		3	1	1			2		3			5	4	4
							4		1	1			2		3			8	5	6
								2		1			1		1				1	7
								2					2		1				2	8
							1	2					3		1					9
								2							1					10
								2							1					11
								1					3		2				1	12
							1	1	1				5		1			2	3	13
4						1	3	6	2	15		1	29	2	18	1	1	109	44	14
								6		1								4	4	15
										1			1		1					16
							4			1			4	1	1				1	17
							9	14		1			3		2	1			19	18
			3					3	2	1			6	1	2			32	28	19
							1	2		2			1	1	2					20
							4	2		4			12		6			19	4	21
					2	2	6	10	1	11	1		39	6	23	2		91	17	22
								2		1			2		2			15	4	23
										1			1							24
								5		6			5	1	2			8	3	25
						1		6		2			3	1	4	1		8	3	26
								2					1							27
								1					2							28
									1	1	1		2	1						29
								1	1				2					1	1	30
													1							31
						1							4		1					32
			2										1		1			2	1	33
							1	3					9		2			13	7	34
													1							35
										2			1		1				1	36
							1	4					8		2			8	5	37
								1					1							38
								1					2					1		39
							1	10		1			20	2	4	2		38	9	40
								1					1					5	1	41
1								2		4			6					4	2	42
													1			1		3	2	43
6			6	1	3	12	40	106	14	68	1	1	253	19	103	13	2	471	185	44
1					4	20	31	31	1	17		1	42	1	25	3	1	33	44	

LABORATORY STATISTICS — DECEMBER.

Prof. H. W. Conn, Director.

Examinations and Analyses.

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis,	44	440	6	490
Diphtheria, Release,	23	65	1	89
Tuberculosis,	23	82	—	105
Typhoid,	5	22	8	35
Syphilis,	88	227	31	346
Malaria,	1	3	—	4
Glanders,	1	3	—	4
Gonococcus,	4	1	2	7
Rabies,	13	1	—	14
Milk samples examined (from 19 towns)				193
Water samples analyzed				31
Sewage and effluents examined				6
Total Laboratory operations during December				1324

METEOROLOGICAL SUMMARY—DECEMBER, 1916

MONTHLY SUNSHINE RECORD

Hours actual sunshine, 141.2. Hours possible, 284.5. Percentage of possible sunshine, 50.

WEATHER.

Number of days, clear,	8
Partly cloudy,	13
Cloudy,	10
On which .01 inch, or more, occurred	9

Total Precipitation this month in

1905-3.47	1906-3.83	1907-4.70	1908-3.36
1909-2.83	1910-1.93	1911-3.36	1912-4.46
1913-3.59	1914-3.85	1915-4.78	1916-2.99

PRECIPITATION.

Total this month,	2.99
Total snowfall,	6.8
Greatest precipitation in 24 hours, on the 22nd,	1.03
Snow on ground end of month,	T
Normal for this month,	3.57
Deficiency for this month as compared with the normal,	0.58
Accumulated deficiency since Jan. 1,	8.53

ATMOSPHERIC PRESSURE.

(Reduced to sea level; inches and hundredths.)
 Mean . . . 29.94; highest 30.49, date 26th
 Lowest 28.91, date 22nd
 Mean monthly relative humidity, 69%

TEMPERATURE.

Highest, .57, date 5th; lowest 12, date 31st;
 Greatest daily range 19 date 25th;
 Least daily range 4 date 15th;
 Mean highest, . . . 36.5; lowest, 25.6

Mean for this Month in

1905-34	1906-27	1907-34	1908-32
1909-28	1910-25	1911-36	1912-36
1913-36	1914-28	1915-30	1916-31

Mean for this month,	31.0
Normal for this month,	29.8
Absolute maximum for this month for 13 years,	67
Absolute minimum for this month for 13 years,	8
Average daily Excess this month as compared with normal,	1.2
Accumulated excess since Jan. 1,	195.
Average daily excess since Jan. 1,	0.5

WIND

Prevailing direction,	N.W.
Total movement,	6174 miles
Average hourly velocity,	8.3
Maximum velocity (in five minutes) 48 miles per hour, from N.W., on 23 rd.	

U. S. Department of Agriculture Weather Bureau, Hartford Station.

WILLIAM W. NEIFERT, METEOROLOGIST

NOW IS THE TIME!

The Legislature is in session—your Senators and Representatives are at the Capitol to transact business for the people of the state—for you.

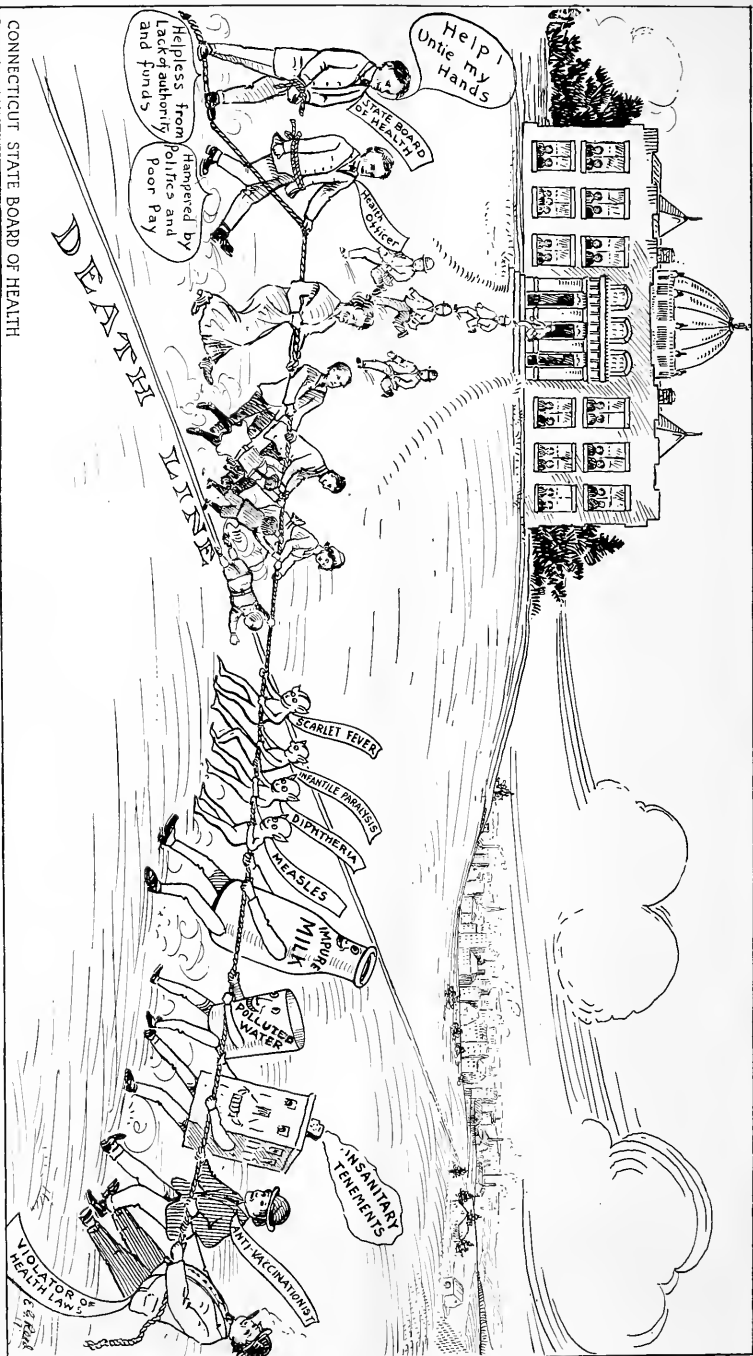
It is the duty and desire of every legislator to follow out the wishes of his constituents.

Legislators are not mind readers—you must tell them what you want or what you think is necessary.

Every citizen who feels that Connecticut needs a more efficient health organization should let his representative know it.

Do not delay until too late.

Now is the time !



CONNECTICUT STATE BOARD OF HEALTH

Monthly Bulletin

Connecticut

State Board of Health



FEBRUARY 1917

“THE PUBLIC HEALTH is the foundation upon which rests the happiness of the people and the welfare of the nation. The care of the Public Health is the first duty of the statesman.”

—Disraeli

Connecticut State Board of Health

HARTFORD.

Membership of the Board

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Address all communications to

The Secretary, Connecticut State Board of Health, Hartford, Conn.

This Bulletin free to any citizen of Connecticut for the asking.

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MONTHLY BULLETIN

Connecticut State Board of Health

All communications should be addressed to the Secretary—Hartford, Conn.

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PATRIOTISM.

The time has come for us to actively defend the integrity and honor of our nation and to protect the lives and rights of our citizens. Let us hope this can be accomplished without resort to force and arms, but if it cannot, we are all ready and willing to do our duty.

This does not mean that it will be necessary to shoulder a gun and march away to show our patriotism. While those who do so are truly patriotic, few of us will probably ever have that opportunity, but there are hundreds of other ways by which we can manifest our patriotism.

He is a patriot who acts for the advancement of his country and for the welfare of his fellow citizens. This is true in time of peace as well as in time of war — it is true in local affairs as well as in national affairs, and it is true whether the foe be a submarine or disease.

Real patriotism is not spasmodic — it should be the rule of our every day life. In no way can we better show our patriotism than by our attitude and conduct in the war against disease and death.

Health authorities should be supported as we are now supporting the President. It is they who warn us of the approach of the army of germs — it is they who guard our food and water supplies, and it is they to whom we look for gallant service when disease invades our land.

In military operations it is often necessary to establish martial law with its various restrictions and limitations. Would any one be so unpatriotic as to even protest? And yet the health officer, battling with a foe that has destroyed more lives and caused more misery than all the wars of nation, is frequently handicapped by protest, evasion and even refusal, in his efforts to limit activities prejudicial to health or to confine disease by quarantine.

The individual who supplies skimmed or impure milk for helpless infants is more disloyal than the contractor who sells tainted meat to the army. The man or woman who deserts a quarantine house is as much to be despised as a deserter from the army. The person who harbors or secretes a contagious disease in his home is unquestionably a traitor, comparable with one who secretes in his home the spy of a foreign foe.

Let us be consistent and show our patriotism in all things and at all times, and by our devotion and sacrifice lend a hand in making our Country, State and home the best place on earth.

RUGS VS. CARPETS.

The rug is gradually replacing the old-fashioned carpet and matting as covering for the floors of our homes. Modern dwellings are being constructed with this end in view, but many homes still retain this most insanitary covering. Some retain the carpet as a matter of custom, others because of the poor condition of the floor on which the carpet is laid.

Carpets and matting which are tacked down, to be taken up once or twice a year at house-cleaning time, are a great menace to health. Their texture is such that they catch and retain great quantities of dirt and, incidentally, many germs. Even in homes where most cleanly habits are in vogue, sneezing or coughing may soil and infect the carpets, or, dirt from the street and filth from the back yard may be carried into the house on the shoes. This dirt and foreign matter soon dries, is converted into dust, and upon the slightest agitation mingles with the air of the room, to be inhaled by its occupants.

Hotels and lodging houses with carpets on the floors of the sleeping rooms are particularly dangerous to public health for obvious reasons, although this danger has been greatly lessened in some hostelries by the introduction of vacuum cleaning systems.

Aside from the danger of disease germs, matting and some carpets release into the air minute fibers which are inhaled and produce an irritation of the respiratory tract. Many a sufferer from hay fever and asthma has found relief by removing the carpet from the sleeping room, leaving the bare floor, or by substituting rugs for the carpet.

Rugs, of course, are as receptive for dirt and germs as are carpets, but since they can be easily removed and cleaned, they can hardly become a menace to health. Carpets are removed, cleaned and aired, as a rule, twice a year, while rugs get fifty-two beatings a year.

Spring house cleaning is near at hand. Prepare to abolish the carpet or have it cleaned and made into rugs. If the floor is rough, paint it—if it is full of cracks, fill up what you can and let the others go.

Make "Safety First" the rule of the home—it is better to have a rough floor than a rough lung, or to have a cracked floor than a cracked voice.

THE INDIVIDUAL PAYS FOR HEALTH

Per capita expenditures for health work in Connecticut for the fiscal year September 30, 1916.

State —	Board of Health	2 cents
	Tuberculosis Commission	20 "
Local —	Cities	
	Population over 50,000	40 cents
	" 15,000 to 50,000	13½ "
	Cities, towns, boroughs	
	Population 5,000 to 15,000	7½ cents
	" under 5,000	6 "

The above averages do not tell the whole story — for example the cities over 50,000 population which average forty cents per capita vary greatly.

Hartford	66½ cents
Bridgeport	50 "
New Britain	44½ "
New Haven	25 "
Waterbury	15½ "

The largest sum paid for health protection is paid by the citizens of Hartford and with the State Board and Tuberculosis Commissioner totals **88½ CENTS.**

THE INDIVIDUAL PAYS FOR SICKNESS

As estimated by Prof. Irving Fisher and others, the per capita loss in the United States annually because of preventable sickness and death is **15 DOLLARS.**

RURAL SANITATION—THE NATION'S DUTY

Modern methods of communication and travel have brought many rural districts into close relationship with the town and city, thereby awakening a sense of responsibility in the farmer not only to himself but to his city cousin. From the city the farmer learns of the improved general health and the reduction in death rate resulting from the checking of epidemics of disease, by the introduction of such preventive measures as a sanitary water supply, proper methods of sewage and garbage disposal, extermination of the fly and mosquito and other important improvements of whose benefits he feels he must avail himself.

The trained sanitarian knows well the futile idealism much of which emanates from a desk. Sometimes the most elementary sanitary conditions offer puzzling problems when the cost and feasibility are considered. Too often the city reformer forgets the enforced monotony of diet, the lack of recreation and excessive hours of work which farm conditions produce at certain times of the year. The reformer of rural sanitation, which undeniably is necessary in parts of our country, must not forget the personal element in the country dweller, the exigencies of the situation in mind, and that improvement in rural communities cannot be a disgrace to them, but a help in that farm life becomes more profitable, more healthful, more attractive and helps to improve the health of our nation by safeguarding the food supply of the city dweller.

Many Schoolhouses Lack Sanitation

The Commission on Country Life in 1909 reported that the farm should be the most healthful place in which to live, and there are numberless farmhouses, especially of the farm-owner type, that possess most excellent modern sanitary conveniences. Still, it is a fact that there are numberless other farmhouses, especially of the tenant class, and even numerous rural schoolhouses, that do not have the rudiments of sanitary arrangement. Health conditions in many parts of the open country therefore are in urgent need of betterment.

That the above statement is true, has been shown by the United States Public Health Service, which in 1914 made studies of the sanitary conditions in one county in each of the following states: West Virginia, Indiana, Mississippi, and Maryland. In these studies it was found that less than 0.5 per cent of the homes had sanitary toilets. Think of it! In one county 78 per cent of the rural homes had no privies. In all four counties most of

the privies in use were of the surface, open-in-the-back variety, in and about which much soil pollution could be found. At over half of the homes the water-supply was polluted or was of a suspicious character. If taking these conditions as representative of those found in the rural districts throughout the country, rural sanitation appears to be an important field and one whose interests are not those of just a few, but everyone, for they affect the welfare of the nation.

Congress Shows Interest

In this session of congress, Senator Ramsdell has proposed a bill appropriating \$500,000 for use in investigating and encouraging the adoption of improved methods of rural sanitation, particularly with reference to the prevention of malaria and typhoid fever. It is estimated that during 1914 there occurred in the United States over 150,000 cases of typhoid fever. Of this number it is estimated that one-tenth of the number died whose average age was 25 years, just in the prime of life. It is true that the death rate of typhoid fever has fallen over 55 per cent in fifteen years, but this has been largely due to improved sanitation, protected milk and food, and other precautions which have been adopted in the large cities. And yet, a study of the statistics reveals the fact that the highest mortality from typhoid fever exists in the rural part of our land.

It is, therefore, impossible to estimate, in dollars and cents, the misery and suffering which this disease has brought to our land, and hence any estimate is only approximate. Where only a little over 65 per cent of the population of the country is included in the registration area for vital statistics, it is seen how difficult it is to obtain accurate information as to the number of deaths from the disease; and since there is no registration area for morbidity statistics in the United States, it is seen that the number of cases must be estimated from the average mortality of the disease. It has been estimated that over \$270,000,000 was lost from typhoid fever in 1914 in our country, this includes loss of wages while sick, medical attention, undertaker's fee, and other important items which enter. * * * * *

And yet many of our city neighbors think the farmer is not worthy of consideration in this all important question. They seem to forget however that it is more practicable to protect the health of the city by stamping out typhoid and malaria in the country, so that it does not find its way into the city. For is not the farmer the backbone and foundation of our nation? Does he not produce the food that so many millions of people consume; and hence does it not follow that the conservation of his energy and the preservation of his health are matters of great moment to all?

Animals and Plants Conserved

In 1915 congress appropriated \$2,535,000 for the prevention of animal and plant disease. In the same act \$220,000 was appropriated for the prevention of human epidemics, and \$23,620 was appropriated for the completion of a quarantine station. Does this indicate that the relative value of plant and animal life is more than that placed on human beings ?

The best asset this country, or any country, can have is healthy citizens; and valuable as it may be to increase and protect the health of live stock and vegetation, it is far more important to protect the health of the man who is responsible for that live stock and vegetation. This problem is not only of interest to the state but to the nation, for has it not been shown that many times epidemics have been produced in one state by milk which has been produced under insanitary conditions in another; or, that vegetables grown in polluted soil in one state have transmitted disease in another ? Is it not possible for an individual to contract typhoid in one state and become a carrier and thus transmit the infection wherever he may go ? Again, is it not possible to pour sewage into a stream in one state and drink it in another as supposedly good water ? This problem of sanitation is one in which disease and improper sanitation have no regard for individuals, cities, state lines or states' rights, and hence it becomes of interest to every citizen of this country.

Hence, do you not think that now is the opportune time to help our cousin from the rural district to become acquainted with the gospel of cleanliness and the application of simple sanitary measures which will help to wipe out the diseases which cause so much sorrow, unhappiness, inefficiency, and financial loss to the people of these United States ?

John Gaub, Washington D. C.

MUZZLE THE DOG.

Do you know that within the last two months at least forty persons have been bitten by mad dogs, and one person has died from hydrophobia in this State ?

Do you know that in neglecting to muzzle your dog you may be responsible for the loss of a human life ?

This warning applies to the people of many towns in the Naugatuck Valley and in some other parts of the State.

If you hear of a mad or rabid dog in your neighborhood, it is your duty to muzzle your dog at once. Do not wait for an official order.

OPPORTUNITY FOR YOUNG MEDICAL MEN

Government Filling Vacancies in Public Health Service

According to a statement just issued by Surgeon General Rupert Blue, young medical men between the ages of 23 and 32 will be given an opportunity each month to demonstrate their fitness for admission to the grade of Assistant Surgeon in the U. S. Public Health Service. There are several vacancies in the government's mobile sanitary corps, which is now in the 119th year of its existence, but in order to be recommended to the President for commission, a physical and professional examination must first be passed. As the tenure of office is permanent, and the Public Health officers are ordered to duty in all parts of the world, they are required to certify that they believe themselves free from any ailment which would disqualify them for service in any climate. Boards will be convened at Washington, Boston, New York, Chicago, St. Louis, Louisville, New Orleans and San Francisco, but permission to take the examination must first be obtained from the Surgeon General. The examination is searching and includes, in addition to the various branches of medicine, surgery and hygiene, the subjects of the preliminary education, history, literature and the natural sciences. The commission will be issued as Assistant Surgeon and after four years of service, the young officers are entitled to examination for promotion to the grade of Passed Assistant Surgeon, and after twelve years of service to another examination for promotion to the grade of Surgeon. The annual salaries are: Assistant Surgeon, \$2000; Passed Assistant Surgeon, \$2400; Surgeon, \$3000; Senior Surgeon, \$3500; Assistant Surgeon General, \$4000. When the Government does not provide quarters, commutation at the rate of \$30, \$40, and \$50 a month according to grade is allowed. All grades receive longevity pay, that is, 10% in addition to the regular salary for every five years until the maximum of 40% is reached. When officers travel on official duties they are reimbursed their actual travel-expenses.

MORTALITY SUMMARY — JANUARY

Total deaths for January	2,305	Death rate	22.3
Average death rate for January last five years			17.3
Annual death rate 1916			16.3
Deaths from communicable diseases			339
Per cent of total deaths			14.7
Deaths under one year 300	Rate per thousand births		100

CASES—COMMUNICABLE DISEASES

REPORTED BY LOCAL HEALTH OFFICERS

JANUARY 1917

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases See "Notes"	Other Diseases See "Notes"
STATE—TOTAL	1,238,723	9	90	633 +	132	129	222	15	3	137	22	88 +
Over 50,000 inhabitants:												
New Haven.....	148,951	1	....	97	6	3	36	1	....	12	....	....
Bridgeport.....	120,688	....	....	76	20	....	44	1	....	20	G2	....
Hartford.....	110,354	2	....	6	20	7	27	8	....	14	G3 S3	....
Waterbury.....	86,342	....	62	6	4	....	19	3	....	4	....	....
New Britain.....	53,344	....	....	5	7	9	3	1	....	9	G1	....
From 25,000 to 50,000 inhabitants:												
Stamford (city).....	30,622	1	2	2	....	13	17	....	....	8	....	c11M2
Meriden (city).....	29,046	....	....	....	3	....	1	....	....	5	....	....
Norwalk.....	26,778	1	....	....	2	....	3	....	....	1	....	....
From 15,000 to 25,000 inhabitants:												
Danbury (city).....	22,452	....	....	....	2	....	2	....	....	3	....	....
Norwich (city).....	22,236	....	....	9	....	....	....	....	....	3	....	....
New London.....	20,925	1	....	....	3	1	3	....	....	1	....	....
Greenwich (town & boro).....	19,037	....	1	....	....	1	....	....	....	4	....	....
Torrington (boro).....	18,000	....	1	....	....	....	4	....	....	3	....	....
Ansonia.....	16,634	....	....	21	....	....	3	....	....	5	....	....
Bristol.....	15,817	....	....	2	1	4	1	....	....	2	....	....
Manchester.....	15,465	....	....	2	1	....	....	....	....	7	s3	....
From 10,000 to 15,000 inhabitants:												
Naugatuck.....	14,030	....	2	10	1	6	1	....	....	1	....	....
Orange.....	13,838	....	....	6	7	....	2	....	....	1	....	....
Middletown (city).....	13,208	1	....	....	....	....	1	....	....	1	....	....
Willimantic (city).....	12,605	....	....	....	....	....	1	....	....	3	....	....
Enfield.....	11,531	....	....	1	1	....	2	....	....	1	....	....
From 5,000 to 10,000 inhabitants:												
Wallingford (boro).....	9,861	1	....	4	1	....	....	....	....	2	....	....
Derby.....	9,627	....	....	3	....	....	1	....	....	1	....	....
Middletown (town).....	9,498	....	....	....	....	....	....	....	....	....	....	....
Winchester.....	9,228	....	....	....	1	....	....	....	....	....	....	....
East Hartford.....	9,177	....	....	....	3	....	1	....	1	....	....	....
Rockville (city).....	8,391	....	....	....	2	....	....	....	....	1	....	....
Norwich (town).....	8,131	....	....	....	....	....	2	....	....	....	s1	....
Plainfield.....	7,857	....	....	1	....	....	....	....	....	2	....	....
Stonington (town).....	7,556	....	12	18	2	6	....	....	....	....	....	....
Putnam (city & town).....	7,240	....	....	1	2	....	....	....	....	1	....	....
Shelton (city).....	7,129	....	....	5 +	....	....	....	....	....	....	....	....
Fairfield.....	7,121	....	2	160 +	3	....	3	1	....	....	s1	....
Stratford.....	6,945	....	....	19	1	2	2	....	....	2	....	....
Southington (town & boro).....	6,890	....	....	99 +	5	....	4	....	....	....	....	....
Hamden.....	6,584	....	....	1	1	....	1	....	....	....	G1	....
Branford (town & boro).....	6,251	....	....	....	....	....	....	....	....	1	....	....
West Hartford.....	5,781	....	....	....	....	....	....	....	....	1	....	....
Seymour.....	5,533	....	....	15	....	....	1	....	....	1	....	....
New Milford.....	5,133	....	....	2	1	....	1	....	....	....	....	....
Glastonbury.....	5,117	1	....	....	3	....	....	....	....	....	....	....
From 2,000 to 5,000 inhabitants:												
Groton.....	4,814	....	....	....	2	....	2	....	....	....	....	....
Milford.....	4,715	....	....	1	....	....	....	....	....	1	....	....
Windsor.....	4,516	....	....	....	....	1	1	....	....	....	....	m40
Westport.....	4,404	....	....	1	....	13	....	....	....	....	....	....
Watertown.....	4,300	....	2	1	2	....	3	....	....	....	....	....
New Canaan (town & boro).....	4,085	....	....	....	4	....	....	....	....	....	....	....
Bethel (town & boro).....	4,071	....	....	....	....	....	1	....	....	....	....	....
Berlin.....	3,896	....	....	....	....	....	....	....	....	....	c2	....
Thompson.....	3,822	....	....	....	....	....	....	....	....	1	....	....
Thomaston.....	3,672	....	3	....	....	....	1	....	....	....	....	....
Farmington.....	3,566	....	....	....	....	4	....	....	1	....	....	....
Jewett City (boro).....	3,502	....	....	....	2	....	1	....	....	....	....	....
Danbury (town).....	3,466	....	....	....	1	....	....	....	....	....	....	....
Wethersfield.....	3,454	....	....	....	1	....	....	....	....	....	....	....
Killingly (town).....	3,401	....	....	....	....	....	....	....	1	....	....	....
Plainville.....	3,297	....	....	....	....	....	....	....	....	....	G2	....

Bridgewater, Morris and Ridgefield have failed to report: towns not listed reported no cases of infectious disease.

CASES—COMMUNICABLE DISEASES (Continued)

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever	Small Pox.	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases	Other Diseases See "Notes"
Portland	3,167				1		1					
Danielson (boro)	3,000						3				G3	
Essex	2,874			1		2						
Newtown	2,854			2								
Simsbury	2,802			1	3	15				1		
Canton	2,764									1		
Wallingford (town)	2,585											C25 +
North Canaan	2,391			1		15				1		
North Haven	2,308						1					
East Haven	2,171						2			1		
Ellington	2,101				1							
Newington	2,077				1	2						M2
Saybrook	2,070					1						C2
Mansfield	2,067									1		
Groton (boro est.)	2,000						1			2	S2	
Under 2,000 inhabitants:												
Cheshire	1,988			7								
Stonington (boro)	1,966		2									
Sharon	1,819			1						1		
Woodbury	1,784		1									
Wilton	1,770			3								
Trumbull	1,675				1		1					
Harwinton	1,576			1			5					
Old Saybrook	1,566			11								
Brooklyn	1,558									1		
Torrington (town)	1,500						5			1		
Beacon Falls	1,482											E2
Chester	1,473					3						
Burlington	1,379				1							
Avon	1,358					4						C1
Sterling	1,327				1							
Clinton	1,181					9	1					
Tolland	1,180				5		1					
Brookfield	1,134						1			2		
Kent	1,064			3								
Vernon	1,059						1					
North Stonington	1,016											11 +
Westbrook	991					8						
Cornwall	921			12						1		
Bozrah	898						1					
Woodbridge	893			5	1							
Barkhamsted	865									1		
Bethlehem	535			2								
Prospect	526			8								
Bethany	482			1								

NOTE:—(s) syphilis; (G) gonorrhoea; (o) ophthalmia; (L) leprosy (C) chicken pox
M) mumps; (x) septic sore throat; (p) pellagra; (t) la grippe (A) anthrax. (E) erysipelas.
+ few ++ epidemic.

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Line Number.	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1916.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, January 1916.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut.	1,238,723	2895	102	752	2305	22.3	21.2	300	109	790
2	Ansonia,	16,634	46	...	9	23	20.1	16.0	7	2	9
3	Branford,	6,251	8	...	...	3	5.7	9.6	1	...	...
4	Bridgeport,	120,688	397	18	105	283	26.1	25.7	42	14	60
5	Bristol,	15,817	53	...	9	17	11.3	12.3	3	...	2
6	Danbury,	25,918	33	3	10	44	18.9	18.2	3	1	19
7	Derby,	9,627	51	2	4	22	21.1	13.8	2	4	4
8	East Hartford,	9,177	20	...	2	11	14.3	18.5	3	...	3
9	Enfield,	11,531	37	1	4	12	12.5	22.2	5	1	2
10	Fairfield,	5,117	31	1	2	13	20.2	18.8	3	1	5
11	Glastonbury,	19,037	12	...	1	11	25.7	4.7	2	1	4
12	Greenwich,	6,814	37	5	17	19	11.3	16.6	4	3	3
13	Groton,	6,584	14	1	7	15	24.6	19.1	2	...	5
14	Hamden,	110,354	19	3	5	10	16.4	14.7	...	...	3
15	Hartford,	7,129	351	7	85	271	24.5	23.3	31	13	80
16	Killingly,	6,401	15	1	5	7	13.1	18.6	...	...	4
17	Manchester,	15,465	33	1	5	14	10.8	14.1	1	1	4
18	Meriden,	34,088	67	3	19	89	26.6	17.0	6	4	30
19	Middletown,	22,706	37	...	10	73	19.5	13.8	5	1	31
20	Naugatuck,	14,030	27	...	3	9	7.6	8.6	4	1	1
21	New Britain,	53,344	190	5	25	83	17.0	16.0	17	8	17
22	New Haven,	148,951	453	15	135	266	20.0	20.6	40	15	73
23	New London,	20,925	41	...	25	54	24.6	20.7	3	3	24
24	New Milford,	5,133	4	...	3	14	32.7	14.0	1	1	7
25	Norwalk,	26,778	49	2	14	54	21.0	27.2	2	2	27
26	Norwich,	30,367	61	...	16	48	16.9	27.1	10	1	9
27	Orange,	13,838	31	1	8	15	12.1	21.2	2	1	5
28	Plainfield,	7,857	12	...	2	9	13.7	21.7	2	1	1
29	Plymouth,	6,336	7	...	1	5	9.4	11.6	...	...	3
30	Putnam,	7,240	16	...	8	21	31.4	16.5	1	2	10
31	Seymour,	5,533	17	2	2	5	10.8	15.4	1	...	3
32	Shelton,	7,129	22	...	3	12	8.4	10.2	1	...	4
33	Southington,	6,890	18	1	2	22	38.7	15.7	5	5	8
34	Stafford,	5,794	8	...	4	3	6.2	18.8	...	...	3
35	Stamford,	34,833	66	2	25	64	19.3	22.1	8	4	26
36	Stonington,	9,522	20	...	13	17	21.4	17.7	1	1	11
37	Stratford,	6,945	14	1	6	20	34.5	19.4	2	...	5
38	Torrington,	19,500	54	2	9	23	14.1	13.7	3	3	8
39	Vernon,	9,450	17	...	1	16	20.3	21.6	1	...	8
40	Wallingford,	12,446	20	1	5	16	14.4	12.6	4	...	6
41	Waterbury,	86,342	113	5	41	132	16.8	15.2	28	7	26
42	West Hartford,	5,781	2	...	3	9	16.6	27.5	4	1	3
43	Winchester,	9,228	23	2	7	16	18.2	17.0	1	...	9
44	Windham,	14,083	29	1	4	37	28.1	16.3	4	...	12
Total of above towns, ...		1,017,605	2575	86	664	1912	22.5	21.8	265	102	577
Towns of less than 5,000.,		221,118	320	16	88	393	21.3	18.9	35	7	213

Non-resident deaths in public institutions are not included in the death rates of the towns.

HEALTH FOR THE MONTH OF JANUARY, 1917

FOR DECEMBER 1916.

DEATHS FROM IMPORTANT CAUSES.														EXTERNAL CAUSES.				Deaths In Institutions.	Deaths of Non-residents.	Line Number.		
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis.	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.					
2	1	9	3	6	19	132	154	19	103	7	1	516	17	101	23	2	622	246	1	2	3	4
1				1	3	1	9	20	1	13			87	4	20	3	1	109	20			
			2				4	4		4			6	1		1			2			
							2	2		2			5		2			9	3			
							1	1					5	1				6	5			
													3		1				7			
							2	1					5		2				8			
							3	1		1			3		1				9			
													4		2				10			
													2						11			
													3		1			7	1			
													4		2				13			
													6		2				14			
							10	14	1	16	2		20	2	16			137	45			
													13						15			
							2	1		5			6		6				16			
													13	1	2			25	13			
							1	2		1			4					45	36			
1							1	6	1	3	1		20		6			31	7			
3					1	4	8	10	4	12	2		68	2	8	8		87	17			
1			1					4		1			6		5			17	11			
							1	1		1			1			1			24			
							9	1		2			10		4	1		8	7			
							1	5		3			7	1	1	1		15	5			
							1		1	1			3					1	27			
								2					2		1				28			
										1			2						29			
										1			2			1			30			
										1			2					3	2			
										1			1			1			31			
							6	1					1					7	7			
							1						11						32			
													1					1				
						1	4	1		5			16		1			18	8			
								1					2						33			
										2			11						34			
			1					1		1			2		1				35			
								1		1			4					3				
							1	2		2			4					1	1			
1						2	7	10	3	3	2		17	1	6		1	38	11			
										1			1	2		1		5	1			
							1						3					5	2			
							2	8	1	4			4	1	1			13	4			
8				3	3	17	93	126	18	90	7		444	17	88	20	2	590	212			
				3	2	39	28	1	13		1		72		13	3		32	34			

LABORATORY STATISTICS — JANUARY.

Prof. H. W. Conn, Director.

Examinations and Analyses.

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis,.....	26	131	6	163
Diphtheria, release.....	24	133	5	162
Tuberculosis.....	32	139	—	171
Typhoid.....	3	28	—	31
Syphilis.....	52	278	36	366
Malaria.....	0	7	—	7
Glanders.....	2	1	—	3
Gonococcus.....	5	1	—	6
Rabies.....	19	3	—	22
Poliomyelitis.....	0	1	—	1
Milk samples examined (from 20 towns)				180
Water samples analyzed.....				40
Oil samples tested.....				4
Sewage and effluents examined.....				4

Total Laboratory operations during January..... 1,160

METEOROLOGICAL SUMMARY—JANUARY, 1917

MONTHLY SUNSHINE RECORD

Hours actual sunshine, 94.5. Hours possible, 295.3. Percentage of possible sunshine, 32.

WEATHER.

Number of days, clear.....	8
Partly cloudy.....	4
Cloudy.....	19
On which .01 inch, or more, occurred	13

Total Precipitation this month in

1905-4.61	1906-2.69	1907-2.94	1908-3.47
1909-2.80	1910-6.68	1911-2.77	1912-2.11
1913-2.82	1914-3.38	1915-5.70	1916-1.16
1917-2.90			

PRECIPITATION.

Total this month.....	2.90
Total snowfall.....	7.9
Greatest precipitation in 24 hours, on the 5th	0.78
Snow on ground end of month.....	1.0
Normal for this month.....	3.83
Deficiency for this month as compared with the normal.....	0.93
Accumulated deficiency since Jan. 1 ..	0.93

ATMOSPHERIC PRESSURE.

(Reduced to sea level; in inches and hundredths.)

Mean	30.01; highest 30.77..date 15th
Lowest	29.33..date 10th
Mean monthly relative humidity.....	73%

TEMPERATURE.

Highest...52, date 14th; lowest 2, date. 12th;
Greatest daily range 34date 14th;
Least daily range 7.....date 15th;
Mean highest...35.9; lowest..... 20.6

Mean for this Month in

1905-23	1906-34	1907-26	1908-29
1909-29	1910-29	1911-30	1912-19
1913-37	1914-27	1915-31	1916-32
1917-31			

Mean for this month.....	28.2
Normal for this month.....	25.5
Absolute maximum for this month for 13 years.....	67
Absolute minimum for this month for 13 years.....	12
Average daily Excess this month as compared with normal	2.8
Accumulated excess since Jan. 1. . .	87.
Average daily excess since Jan. 1. . .	2.8

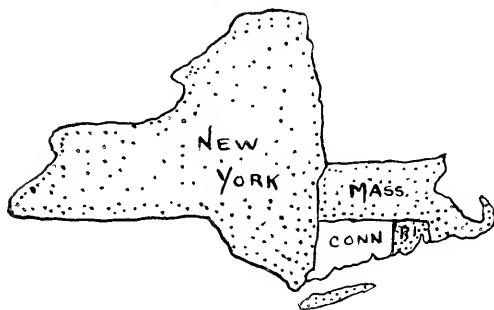
WIND

Prevailing direction.....	N. W.
Total movement.....	5823 miles
Average hourly velocity.....	7.8
Maximum velocity (in five minutes) 45 miles per hour, from S., on 23 rd.	

U. S. Department of Agriculture Weather Bureau, Hartford Station.

WILLIAM W. NEIFERT, METEOROLOGIST

There is a Reason



Death Rates per 100,000 Population

1914	Typhoid	Diarrhoea Under 2	Tuberculosis
New York	8.9	65.5	148.3
Massachussetts	7.6	81.7	118.8
Rhode Island	8.1	73.6	134.6
Average	8.2	73.6	138.9
Connecticut	9.2	87.1	126.

The above statistics indicate that Connecticut had proportionately

12 MORE deaths from Typhoid

162 MORE " " Infant Diarrhoea

96 LESS " " Tuberculosis

than our neighbors.

Is This the Reason?

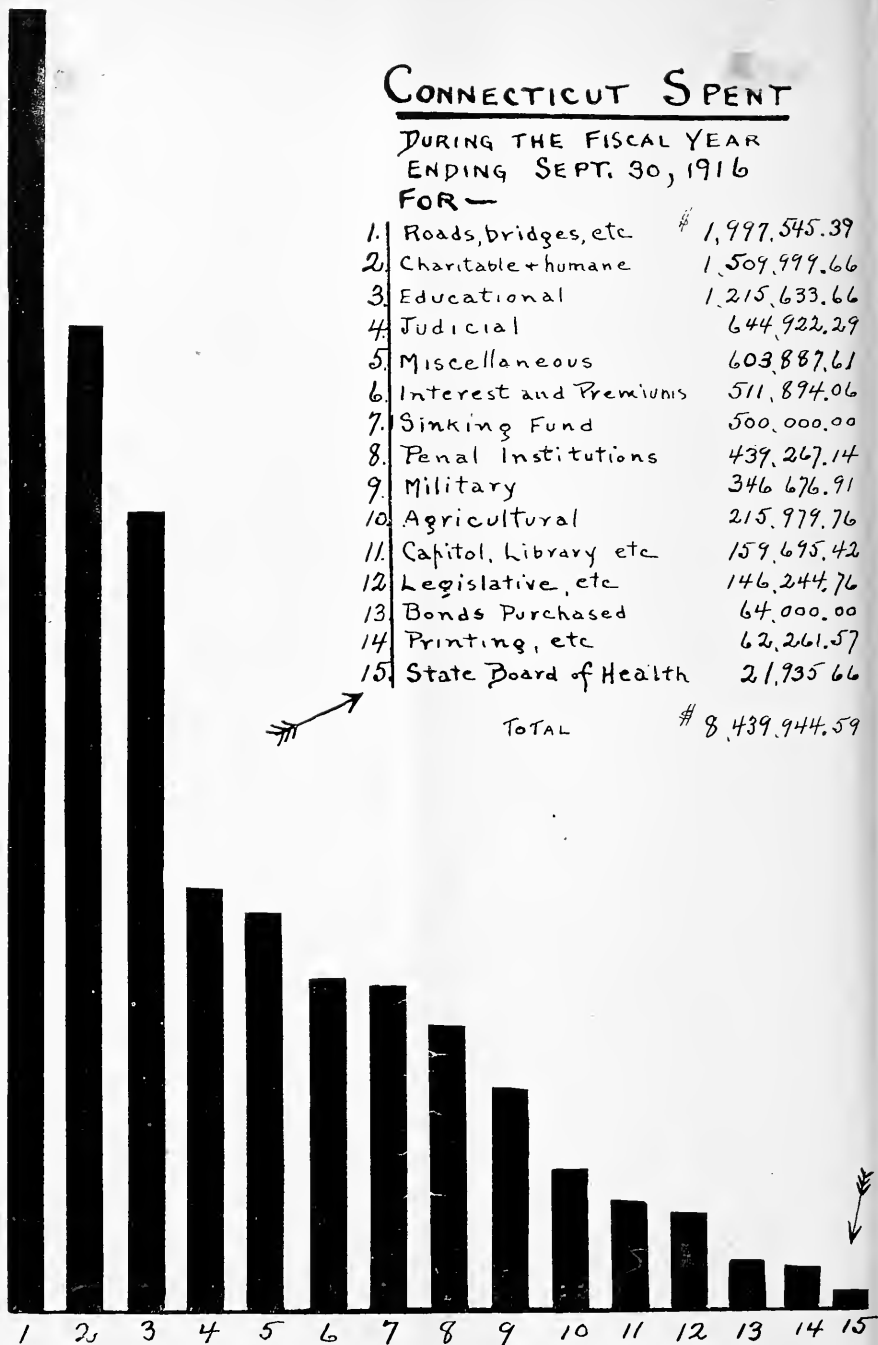
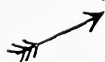
Connecticut spends considerably *more* than our neighbors for Tuberculosis Work and considerably *less* for General Health work.

CONNECTICUT SPENT

DURING THE FISCAL YEAR
ENDING SEPT. 30, 1916
FOR —

1.	Roads, bridges, etc	\$ 1,997,545.39
2.	Charitable + humane	1,509,999.66
3.	Educational	1,215,633.66
4.	Judicial	644,922.29
5.	Miscellaneous	603,887.61
6.	Interest and Premiums	511,894.06
7.	Sinking Fund	500,000.00
8.	Penal Institutions	439,267.14
9.	Military	346,676.91
10.	Agricultural	215,979.76
11.	Capitol, Library etc	159,695.42
12.	Legislative, etc	146,244.76
13.	Bonds Purchased	64,000.00
14.	Printing, etc	62,261.57
15.	State Board of Health	21,935.66

TOTAL \$ 8,439,944.59



Monthly Bulletin

Connecticut

State Board of Health



MARCH 1917

A Guarantee

*The State Board of Health guarantees to show
within one year, one life saved for every Five
Hundred Dollars placed at its disposal.*

Connecticut State Board of Health

HARTFORD.

Membership of the Board

EDWARD K. ROOT, M. D., President,	<i>Hartford</i>
ALBERT W. PHILLIPS, M. D.,	<i>Derby</i>
LEWIS SPERRY, Attorney at Law,	<i>South Windsor</i>
ARTHUR J. WOLFF, M. D.,	<i>Hartford</i>
LOUIS J. PONS, M. D.,	<i>Milford</i>
J. FREDERICK JACKSON, M. A. S. C. E.	<i>Hamden</i>
JOHN T. BLACK, M. D., Secretary,	<i>New London</i>

Organization

Bureau of Administration	John T. Black, <i>Executive-Secretary</i>
Bureau of Laboratories	Herbert W. Conn, <i>Director</i>
Bureau of Sanitation and Engineering	J. Frederick Jackson, <i>In Charge</i>
Bureau of Vital Statistics	John T. Black, <i>Superintendent</i>
Bureau of Preventable Diseases	} Organization not complete; under supervision of Executive Secretary.
Bureau of Registration and Licenses	
Bureau of Publicity & Education	
Bureau of Supplies and Biologic Products	

Address all communications to

The Secretary, Connecticut State Board of Health, Hartford, Conn.

This Bulletin free to any citizen of Connecticut for the asking.

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MONTHLY BULLETIN

Connecticut State Board of Health

All communications should be addressed to the Secretary—Hartford, Conn.

Entered as Second Class Matter at the Post Office at Hartford, Conn.

New Series, Vol. IV. No. 3

HARTFORD, MARCH 22, 1917

Full Series. Vol. XXXI, No. 3

A GUARANTEE

The State Board of Health guarantees to show one life saved for every \$500 placed at its disposal.

Properly applied funds will conserve life and health. As our neighbor, New York, says, "Public health is purchasable. Within natural limitations, a community can determine its death rate."

So well established has become this fact, and so carefully has the state board studied the conditions in Connecticut that we can go our neighbor one better and make the above definite proposition.

This proposition means that if the \$119,000 asked of this Legislature is allowed, the state board of health agrees to save 236 lives within the next two years. It appears to be a big undertaking but it can and will be done if the opportunity is afforded.

The saving of 236 precious lives is not all—considerable unnecessary illness will be prevented and a great economic saving will be accomplished.

A human life is valued at \$1,700. If it costs \$500 to save one of these lives the total saving to the state on an investment of \$119,000 will be \$401,200 or a net profit of \$282,200 on the investment.

Insurance companies have found that the money they spend to conserve the health of their policy holders is the best investment they can make. So amazing have been the results that they are now spending enormous sums and are reaping handsome profits.

The prosperity of an insurance company is in ratio to the health of its policy holders and the prosperity of the state is in ratio to the health of its citizens.

It is the duty of the state to provide for the welfare of its citizens,—it is also its duty to invest the funds at its disposal to best advantage.

Can a guaranteed dividend of 240% be ignored ?

INFANT WELFARE

Many cities and towns in Connecticut made special effort along the line of baby saving last year. Some started late and did not accomplish as much as they desired, but these and many more will take up the work again this year. What is still more encouraging is the fact that it is becoming generally realized that babies can be saved all the year round. Summer conditions are more deadly, but thousands die of pneumonia and other winter diseases which could to a great extent be prevented.

Out of every thousand babies born, over a hundred die during the first year of life. Fifty of this hundred die because of gross neglect, carelessness or ignorance. It has been demonstrated by certain countries and certain cities in this country that these fifty children can be saved. Such being the case is it not our duty, as individuals and as a community, to do all we can to protect and save the helpless infants? These things are needed to successfully conduct a baby saving campaign—organized effort, a co-operating public, and sufficient funds.

It may be your duty to organize or assist in the organization, but if not called upon for active work, it is certainly your duty to co-operate in every way possible and to do your share toward supplying the funds.

Speaking of funds—do you know the cost of saving the life of a baby? Not over \$500. A health officer in this state for a number of years offered to show one less baby death for every \$200 given to his department to spend. He has so far kept his agreement and the cemetery has 168 less head stones. This was a selected locality but **any** energetic health officer or visiting nurse association can easily save a baby in **any** locality for less than \$500.

Now is the time to start your summer campaign — if you do not already have an organization, the State Board has for free distribution a booklet, published by the U.S. Children's Bureau, which will tell you how to organize and conduct a baby-saving campaign. It also has for loaning purposes slides and exhibits to supplement your work. In any other way the State Board can serve you it will gladly do so.

HEALTH INSURANCE

Prof. Irving Fisher

A great deal of interest was shown in the Connecticut Bill for Health Insurance introduced by Senator Barnes at its two hearings before the Committee on Insurance at Hartford on February 27th and March 13th. A number of persons, representing employees, employers, the medical profession, economists and the insurance commissioner spoke before the Committee, mostly in favor of the measure. Dr. Andrews, Executive Secretary of the American Association for Labor Legislation, Mr. Chamberlain, who in a large measure drafted the bill, Dr. Cassidy of Norwich, Professor Henderson of Yale, the undersigned, and others spoke in favor of the bill. The only opposition was from Mr. Howell Cheney and Mr. Buck representing employers and they did not oppose the principle of health insurance. In fact Mr. Cheney is enthusiastically in favor of this principle. His chief objection to the present bill is to a fixed proportion to be paid by the employer; he thinks it feasible and desirable to vary the proportion to correspond to the degree of responsibility. He favors the appointment of a commission to study the subject. No objection to such a commission was offered by anyone and if the committee does not report the bill itself favorably, it will probably recommend a commission.

The State Federation of Labor was represented by its president, Mr. Strem-lau, who spoke in favor of the bill. The State Insurance Commissioner gave it as his opinion that health insurance is inevitable. Governor Holcomb is known to be at least favorable to appointing a commission.

Because we have a democratic form of government we have peacefully assumed that our civilization is more advanced than others, but while we have rested complacently on the oars, other nations have forged ahead of us in important ways. The United States has, at present, the unenviable distinction of being the only great industrial nation without universal health insurance for workingmen.

Several states at the present moment are bidding fair to change this situation. Bills have been introduced into the legislatures of Rhode Island, New York, Ohio, New Jersey, Arizona, California and a few other states.

The Commissions for the study of health insurance appointed in California and Massachusetts have already reported. The California Commission reported unanimously in favor of the measure both in theory and

as an immediate legislative measure. The Major Report of the Massachusetts Commission was favorable and Governor McCall in his inaugural address strongly endorsed compulsory state health insurance. Ohio has just passed a bill calling for a Commission. Numerous organizations through the country have passed resolutions favoring the passage of health insurance bills in the various states while a larger number have appointed committees to study the subject. The American Association for Labor Legislation is conducting a general campaign to secure health insurance legislation.

The cordial and almost unprecedented welcome thus received, in spite of some strong opposition, would seem to indicate that the time for seriously considering health insurance in the United States is ripe.

The health insurance bills propose the obligatory insurance of substantially all workingmen and women. In case of sickness the insured will receive medical, surgical or dental service, medicines, and nursing, and a cash benefit amounting to two-thirds of the weekly wages of the insured for the period of illness up to six months. Benefits are paid for at cost by the joint contributions of the insured employee, his employer, and the state. The cost to the employee will average about $1\frac{1}{2}$ per cent of his wages, that to the employer an equal amount and that to the state half of either of these, i. e. one-fifth of the total.

Some people have objected to making health insurance compulsory, but in this regard workmen's health insurance is like elementary education. In order that its desirable results may be attained, it must be universal, and in order to be universal, it must be obligatory.

Outside of workmens compensation the workingmen in this country have made very little use of the insurance principle. Yet it is the workingmen whose need of health insurance is greatest, because, first, the worker is more likely to lose his health than the capitalist; it is well known that the death rate, and therefore the sickness rate, among working people, is from two to three times that among the well-to-do; and second because any loss from sickness is a far more vital matter to the laborer than to the rich man. The workman often cannot avail himself of necessary medical, surgical, and nursing aid. When he most needs it, he cannot pay for it.

It should be noted that, like other forms of insurance, health insurance will bring not only indemnification against loss, but also diminution of the loss itself. As important as is insurance against loss, it is far less important than prevention of illness itself. According to the calculations of the National Conservation Commission, at least forty-two per cent of the deaths now occurring in the United States are unnecessary, that is, over 630,000 lives

could be saved annually, which would add at least fifteen years to the average human life. Health insurance is bound to afford a very powerful and pervasive stimulus to employers, employees, and officials to prevent illness by the use of health saving devices, in the same way that the "workmen's compensation" insurance recently adopted in the United States has caused the inauguration of all kinds of accident preventing appliances. Just as employers have installed safeguards for dangerous machinery in order to reduce the cost of workmen's compensation, so in order to reduce the cost of health insurance they will supply, for instance, better sanitation, ventilation, and lighting, more physiological hours of labor, and fuller consideration for the special needs of employed women and children. The employee, on the other hand, will be likewise stimulated to welcome and to utilize factory hygiene, and improve his own domestic and individual hygiene.

Both employer and employee will co-operate with the general public in securing better water supply, better sewerage systems, better milk, meat and food laws, better school hygiene, more playgrounds and parks, and proper regulations of health-impairing conditions.

One important effect of such attention to the health of the workman will be the prolongation of his life and especially of its earning period. Fewer working men will be thrown on the scrap heap in their forties with all the tragic consequences involved to their families as well as to themselves.

Health insurance will also operate, as it did in Germany, to stimulate general scientific study of disease prevention, the future possibilities of which though unknown are surely enormous.

But prevention of disease and disability is not the only prevention to be effected by health insurance. It will indirectly but powerfully tend to reduce poverty because it will tide the poor man over his illnesses and prevent him, at those critical times from getting entirely "down and out, which is the chief road to poverty.

We may also expect health insurance to help forward industrial peace, for it will provide the means of bringing employers and employees together.

Health insurance is in essence a preparedness measure. It is an efficiency device and if we expect to keep peace industrially or in a military way with other countries, we must give our workmen and employers the benefit of every known aid in this direction. Connecticut has a chance to be one of the leaders in this movement in America.

CLEAN HANDS

Disease germs lead a hand to mouth existence. If the human race would learn to keep the unwashed hand away from the mouth many human diseases would be greatly diminished. We handle infectious matter more or less constantly and we continually carry the hands to the mouth. If the hand has recently been in contact with infectious matter the germs of disease may in this way be introduced into the body. Many persons wet their fingers with saliva before counting money, turning the pages of a book, or performing similar acts. In this case the process is reversed, the infection being carried to the object handled, there to await carriage to the mouth of some other careless person.

WASH THE HANDS IMMEDIATELY

Before eating,
Before handling, preparing or serving food,
After attending the sick,
After handling anything dirty.

Health News, U. S. P. H. S.

"AM I MY BROTHER'S KEEPER?"

It was not so many, many years ago that in Europe the crime of sheep stealing was punishable by hanging. It seems impossible that such a law could ever have appeared in any statute book. We have modified our laws mightily in the last few hundred years, have humanized them. But we wonder whether an awakening public conscience will not, in the next century, enact new laws to cover real crimes which now go unpunished.

If a human being kill another, that crime is punishable by death. Yet if a diseased person through carelessness kill a dozen other people, there is no punishment. The man who spits upon the street or in other public places may actually be a greater criminal than the man who pays the penalty for his crime at the hands of the State. Many of the deaths and most of the accidents which annually cost this country hundreds of millions of dollars and unnumbered heartaches could be prevented. Until they are prevented, they constitute a ghastly indictment of our public conscience.

We see now that capital punishment for sheep stealing was a crime in itself; when will we see that immunity from punishment for carelessness is an equal crime against public welfare? When will every individual realize his own full responsibility to his fellows — that each of us is, and must inevitably be — the keeper of his brother's health and welfare?

—*Metropolitan Life Insurance Company's Health Service.*

WOULD YOU BELIEVE IT !

Of the 350 cases of smallpox in Connecticut during the last few months, but eight were ever vaccinated ? (None of the eight had been vaccinated within fifteen years.)

Of the 238 cases in Waterbury not one was foreign born ? (All foreigners are vaccinated before entering this country.)

Of 20,000 school children not one has contracted smallpox since general vaccination was ordered during the holidays, although more than fifty had the disease before January first ?

Of the 100,000 people in Waterbury, 30,000 still neglect to be vaccinated in face of this evidence ?

"SNIFFLES"

A flushed face, a tickling cough, a throat that is sore and hot, a "stuffy" nose and red eyes are the early signs of pneumonia, smallpox, measles, scarlet fever and sometimes diphtheria. "Colds" is a dangerous word, because a cold is frequently a symptom — a warning of something far more serious. Attend to yourself when you have these symptoms; attend to your children when they have them, and keep both yourself and your child out of close contact with other people until the symptoms have disappeared. —*Exchange*.

SMALLPOX

On the cover is shown where smallpox has been found within the last six months. All but two are traced directly or indirectly to Waterbury. New Haven and Bridgeport have not reported any cases, Hartford has reported one — these cities require vaccination before entering school and are therefore well vaccinated.

The health officer of New Haven last fall estimated 90% of his people vaccinated, of Bridgeport 80%, of Hartford 80%, and of Waterbury 45%. Waterbury now has 70% vaccinated.

MORTALITY SUMMARY—FEBRUARY

Total deaths for February	1,818	Death rate	17.6
Average death rate for February last five years			16.1
Annual death rate 1916			16.3
Deaths from communicable diseases			266
Per cent of total deaths			14.6
Deaths under one year 294	Rate per thousand births		98

CASES—COMMUNICABLE DISEASES

REPORTED BY LOCAL HEALTH OFFICERS

FEBRUARY 1917

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases See "Notes"	Other Diseases See "Notes"
STATE—TOTAL	1,238,723	11	62	600 +	116	99 +	179	33	4	156	22	36 +
Over 50,000 inhabitants:												
New Haven.....	148,951	...	...	112	5	7	18	2	...	25	...	...
Bridgeport.....	120,688	...	...	48	12	...	21	4	1	22	...	...
Hartford.....	110,354	3	...	6	14	5	24	18	...	14	G13S5	...
Waterbury.....	86,342	...	40	6	9	...	13	...	7	7	...	...
New Britain.....	53,344	...	...	1	8	4	3	...	1	6	...	...
From 25,000 to 50,000 inhabitants:												
Stamford (city).....	30,622	...	1	24	...	12	13	...	...	7	...	c5M17
Meriden (city).....	29,046	1	...	3 +	2	...	1	...	...	5	...	...
Norwalk.....	26,778	2	...	...	6	...	3	...	...	...	...	...
From 15,000 to 25,000 inhabitants:												
Danbury (city).....	22,452	...	...	...	5	...	4	...	...	4	...	...
Norwich (city).....	22,236	...	...	36	4	...	2	...	...	2	...	...
New London.....	20,925	1	...	3	2	1	3	...	...	4	...	...
Greenwich (town & boro).....	19,037	2	...	1	3	3	4	...	...	1	...	...
Torrington (boro).....	18,000	...	4	...	...	...	4	...	...	2	...	...
Ansonia.....	16,634	...	...	15	...	...	...	...	...	6	...	...
Bristol.....	15,817	...	...	20	...	8	3	...	...	3	s1	...
Manchester.....	15,465	...	...	2	3	...	...	1	...	7	s1	...
From 10,000 to 15,000 inhabitants:												
Naugatuck.....	14,030	...	...	3	2	...	...	3	...	3	...	...
Orange.....	13,838	1	...	16	2	...	4	...	...	...	...	...
Middletown (city).....	13,208	...	...	...	...	...	3	...	...	2	...	...
Willimantic (city).....	12,605	...	...	...	...	...	...	...	1	...	...	...
Enfield.....	11,531	...	...	1	...	...	4	...	...	1	...	...
From 5,000 to 10,000 inhabitants:												
Wallingford (boro).....	9,861	...	...	7	1	...	...	1	...	...	...	...
Derby.....	9,627	...	...	2	...	...	4	...	...	2	...	...
Winchester.....	9,228	...	...	...	...	...	...	...	...	1	...	...
Norwich (town).....	8,131	...	...	5	...	...	1	...	...	...	...	...
Plainfield.....	7,857	...	...	...	1	...	3	...	...	...	...	...
Stonington (town).....	7,556	...	2	34	2	7	1	...	...	1	...	...
Putnam (city & town).....	7,240	...	...	...	3	...	...	...	...	...	...	...
Fairfield.....	7,121	...	1	56	1	6	...	...	...	1	s1	c10
Straford.....	6,945	...	...	5	...	...	1	...	...	...	...	...
Southington (town & boro).....	6,890	...	...	3	1	...	1	...	...	2	...	...
Hamden.....	6,584	...	...	2	...	...	...	...	...	...	...	...
Plymouth.....	6,336	...	...	1	1	...	...	...	...	...	...	...
Branford (town & boro).....	6,251	...	...	1	...	...	2	...	...	...	...	...
Shelton (city).....	5,989	...	...	...	1	...	2	...	...	3	...	...
West Hartford.....	5,781	...	...	...	...	3	...	2	...	1	...	...
Seymour.....	5,533	...	...	67	...	...	...	...	...	...	...	...
New Milford.....	5,133	...	...	4	1	...	...	...	...	...	...	...
From 2,000 to 5,000 inhabitants:												
Groton.....	4,814	...	...	2	...	...	1	...	...	...	...	...
Milford.....	4,715	...	...	2	...	...	...	...	...	2	...	...
Windsor.....	4,516	...	...	...	...	...	1	...	...	...	...	...
Darien (town).....	4,444	...	...	1	...	...	...	...	...	...	...	...
Westport.....	4,404	...	...	...	...	11 +	...	...	...	...	...	...
Watertown.....	4,300	...	2	1	1	...	1	...	...	1	...	...
Windsor Locks.....	4,106	...	...	...	2	...	...	...	...	...	...	...
New Canaan (town & boro).....	4,085	...	...	1	2	...	...	...	...	1	...	...
Bethel (town & boro).....	4,071	...	...	...	...	...	1	...	...	...	...	...
Suffield.....	4,033	...	...	...	1	...	...	...	...	...	...	...
Berlin.....	3,896	...	4	2	1	...	...	...	...	...	...	...
Thomaston.....	3,672	...	...	...	...	...	1	...	...	...	...	...
Farmington.....	3,565	...	...	...	...	20	...	1	...	...	...	...
Salisbury.....	3,541	...	...	...	1	...	...	...	...	...	...	...
Jewett City (boro).....	3,502	1	...	1	...	...	1	...	...	...	...	...
Danbury (town).....	3,466	...	...	...	1	...	...	...	...	...	...	...
Wethersfield.....	3,454	...	...	...	3	...	...	1	...	1	...	...
Ridgefield (town & boro).....	3,413	...	...	...	...	...	4	...	...	...	...	...
Killingly (town).....	3,401	...	...	...	...	...	...	...	...	1	...	...

Canaan and Haddam have failed to report: towns not listed reported no cases of infectious disease.

CASES—COMMUNICABLE DISEASES (Continued)

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever	Small Pox.	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Venereal Diseases	Other Diseases See "Notes"
Portland	3,167						1					
Guilford (town & boro)	3,130									1		
Danielson (boro)	3,000									1		
Litchfield (town & boro)	2,879									1		
Essex	2,874											
Newtown (town & boro)	2,854			2						1		
Simsbury	2,802						1			1		
Canton	2,764				1	3						
North Canaan	2,391				2	3				1		
North Haven	2,308			2								
East Haven	2,171						2					
Ellington	2,101						4					
Mansfield	2,067						1					
Bloomfield	2,005			1	1							
Groton (boro est.)	2,000			3								
Under 2,000 inhabitants:												
Cheshire	1,988			75								
East Lyme	1,964			1								
Redding	1,731				1							
Woodstock	1,702								1			c+m+
Somers	1,689			2								
Trumbull	1,675			1								
Harwinton	1,576						9					
Brooklyn	1,558				2					1		
Madison	1,543											M1
Torrington (town)	1,500						2					
Granby	1,433									1		
Preston	1,383									4		
Burlington	1,379				1							
Avon	1,358					1						
Sterling	1,327				2		3					
Rocky Hill	1,283				3					1		
Old Lyme	1,181		1								G1	
Clinton	1,181					3						
Tolland	1,180				2							
Griswold (town)	1,177			2								
Brookfield	1,134			1						1		
Easton	1,107		7									
Kent	1,064			3						1		
Oxford	1,060			1								C1
North Stonington	1,016									1		
Westbrook	991					2						
Ledyard	985			2								
Hebron	821			1						1		
Ashford	615						1					
Prospect	526			6								
Eastford	507						2					
Bethany	482			3								
Bolton	419											C2

NOTE:—(s) syphilis; (G) gonorrhoea; (o) ophthalmia; (L) leprosy (C) chicken pox
M) mumps; (x) septic sore throat; (p) pellagra; (t) la grippe (A) anthrax. (E) erysipelas.
+ few ++ epidemic.

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Line Number.	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1916.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, February 1916.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut.	1,238,723	3571	108	1112	1818	17.6	17.3	294	88	550
2	Ansonia	16,634	55	2	13	26	17.3	9.4	9	3	4
3	Branford,	6,251	7	...	2	7	13.4	19.2	1	...	5
4	Bridgeport,	120,688	379	12	185	210	19.4	17.0	39	12	35
5	Bristol,	15,817	64	2	10	19	14.4	9.2	9	1	6
6	Danbury,	25,918	32	1	12	34	14.8	17.7	6	...	14
7	Derby,	9,627	43	1	21	15	12.4	23.8	4	1	2
8	East Hartford,	9,177	19	1	4	8	9.1	7.9	3	1	1
9	Enfield,	11,531	34	1	10	12	12.4	19.0	2	3	3
10	Fairfield,	7,121	23	3	5	8	13.4	20.5	3	1	1
11	Glastonbury,	5,117	10	...	3	1	2.3	14.1	...	...	1
12	Greenwich,	19,037	30	2	13	26	15.7	10.8	3	2	11
13	Groton,	6,814	14	...	7	5	8.8	23.0	...	...	2
14	Hamden,	6,584	15	1	5	9	16.4	14.7	...	...	4
15	Hartford,	110,354	368	10	149	218	19.1	15.9	32	7	50
16	Huntington,	7,129	17	...	2	10	11.6	20.4	1	...	3
17	Killingly,	6,401	10	...	13	11	18.7	22.4	2	...	5
18	Manchester,	15,465	34	1	11	9	6.3	7.8	3	...	6
19	Meriden,	34,088	77	4	20	55	14.7	13.1	4	3	13
20	Middletown,	22,706	61	...	15	60	17.9	16.0	6	...	21
21	Naugatuck,	14,030	32	1	8	13	11.1	14.0	4	1	4
22	New Britain,	53,344	185	3	57	52	11.6	13.5	18	2	8
23	New Haven,	148,951	429	20	137	228	16.9	15.6	33	14	64
24	New London,	20,925	57	4	15	30	14.3	22.5	4	1	11
25	New Milford,	5,133	5	...	1	12	25.7	23.4	...	1	6
26	Norwalk,	26,778	60	4	22	38	15.6	14.5	7	1	15
27	Norwich,	30,367	57	...	27	40	13.0	15.6	4	...	14
28	Orange,	13,838	22	1	5	17	11.2	15.0	2	...	6
29	Plainfield,	7,857	16	...	2	4	6.1	21.7	...	...	2
30	Plymouth,	6,336	15	...	3	4	7.5	3.8	...	...	1
31	Putnam,	7,240	22	...	9	13	19.8	26.5	...	...	7
32	Seymour,	5,533	19	...	6	12	26.0	17.6	6	1	2
33	Southington	6,890	14	1	4	10	17.4	10.5	3	...	...
34	Stafford,	5,794	7	...	1	13	24.8	12.5	1	...	8
35	Stamford,	34,833	100	1	42	61	20.2	10.2	7	2	18
36	Stonington,	9,522	6	...	9	19	23.9	21.5	1	1	10
37	Stratford,	6,945	18	...	5	14	22.4	5.2	5	1	4
38	Torrington,	19,500	39	2	16	20	12.3	12.5	5	5	6
39	Vernon,	9,450	10	1	4	13	16.4	11.4	...	...	3
40	Wallingford,	12,446	23	...	7	10	8.6	4.8	1	2	3
41	Waterbury,	86,342	249	11	104	115	16.3	14.3	28	4	17
42	West Hartford,	5,781	9	...	...	12	24.9	36.0	4	1	3
43	Winchester,	9,228	24	3	7	7	7.2	19.6	...	...	3
44	Windham,	14,083	34	2	15	25	18.7	9.4	3	2	12
Total of above towns, . .		1,017,635	3269	95	1006	1525	17.9	17.1	263	75	406
Towns of less than 5,000..		221,118	302	13	106	293	15.9	18.2	31	13	144

Non-resident deaths in public institutions are not included in the death rates of the towns.

HEALTH FOR THE MONTH OF FEBRUARY, 1917

FOR JANUARY 1917.

DEATHS FROM IMPORTANT CAUSES.														EXTERNAL CAUSES.				Deaths of Non-residents.	Line Number.
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis.	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.	Deaths In Institutions.	
2			10		5	17	56	157	22	69	18	1	340	15	57	25	3	472	182
			1				1	3		1			7		1	1			2
			1			4	2	17	3	13	1	1	59	2	5	1	1	70	14
				1	1			1					3						5
								3	3				5		3	1		9	2
			1		1					1			3		2			7	5
				1									4					1	8
								2	1				4	1					9
								1					2						10
							6	1		1			2		1			10	11
													1						12
							1						4					1	13
1						5	7	19	3	4	10		30	2	10	1		123	42
							1	4	1				2					4	3
													4						1
							3	15	1	1			12		2			18	13
								4	1	2			11		3	1		31	26
								3			1		3						21
							1	5		3			10		2			3	22
			4		1	2	4	18	1	13	1		48			12	2	79	18
							1	4		2			5			1		8	5
			1																1
							3	3					8						2
1							2	7		2			5	1	2			5	3
							1	1					1		2			15	7
													2		1				4
								2		1									29
													1		1			5	1
										2			1		1	1			32
			2					1		2	1		4						33
								1							1			2	1
							3	3	1	2			12	1		2		17	2
							2	1					5		1				36
										1			3		1				1
							1			1			7		1			2	37
							1			1			1		2				38
																			39
							1	2	2	1	1							3	1
				1				8		3			18	3	7			39	6
								1					1	3				7	41
								1					2		1			2	1
2			10		4	14	42	131	19	62	16	1	297	14	51	22	3	467	164
					1	3	14	126	3	7	2		43	1	6	3		15	18

LABORATORY STATISTICS—FEBRUARY

Prof. H. W. Conn, Director.

Examinations and Analyses

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis.....	43	530	3	576
Diphtheria, release.....	12	61	2	75
Tuberculosis.....	22	141	—	163
Typhoid.....	1	16	—	17
Syphilis.....	94	391	56	541
Malaria.....	1	—	1	2
Glanders.....	3	2	1	6
Gonococcus.....	1	2	—	3
Rabies.....	4	5	—	9
Micrococcus.....	1	—	—	1
Vincent's Angina.....	—	1	—	1
Pneumococcus.....	—	1	—	1
Milk samples examined (18 towns).....				202
Water samples analyzed.....				27
Oil samples tested.....				3
Sewage and effluents examined.....				5

Total Laboratory operations during February..... 1,632

METEOROLOGICAL SUMMARY—FEBRUARY, 1917

MONTHLY SUNSHINE RECORD

Hours actual sunshine, 132.9. Hours possible, 296.6. Percentage of possible sunshine, 45.

WEATHER.

Number of days, clear.....	8
Partly cloudy.....	9
Cloudy.....	11
On which .01 inch, or more, occurred	10

Total Precipitation this month in

1906-2.30	1907-2.48	1908-4.98	1909-5.47
1910-4.43	1911-2.64	1912-3.43	1913-2.33
1914-2.79	1915-4.30	1916-5.72	1917-2.20

PRECIPITATION.

Total this month.....	2.20
Total snowfall.....	12.4
Greatest precipitation in 24 hours, on the 4-5th.....	0.72
Snow on ground end of month.....	T
Normal for this month.....	3.55
Deficiency for this month as compared with the normal.....	1.35
Accumulated deficiency since Jan. 1.....	2.28

ATMOSPHERIC PRESSURE.

(Reduced to sea level; inches and hundredths.)

Mean	29.94; highest 30.49..date 13th
Lowest	28.90..date 5th
Mean monthly relative humidity.....	68%

TEMPERATURE.

Highest...48, date 27th; lowest 4, date. 13th;
 Greatest daily range 29date 23d;
 Least daily range 7.....date 10th;
 Mean highest...31.3; lowest..... 15.1

Mean for this Month in

1906-28	1907-20	1908-24	1909-32
1910-27	1911-26	1912-25	1913-27
1914-21	1915-32	1916-23	1917-23
Mean for this month.....			23.2
Normal for this month.....			27.2
Absolute maximum for this month for 13 years.....			60
Absolute minimum for this month for 13 years.....			10
Average daily deficiency this month as compared with normal			4.0
Accumulated deficiency since Jan. 1..			29.0
Average daily deficiency since Jan. 1.			.5

WIND

Prevailing direction.....	N. W.
Total movement.....	5765 miles
Average hourly velocity.....	8.6
Maximum velocity (in five minutes) 36 miles per hour, from NW., on 10th.	

U. S. Department of Agriculture Weather Bureau, Hartford Station.

WILLIAM W. NEIFERT, METEOROLOGIST

SOME HYPOCRISIES

Offering daily regrets to your neighbors who have typhoid fever when their infection was brought to them from your insanitary privy, either by flies or by seepage from the vault into their well, which you have made no effort to correct.

Criticizing the health officer and the school board for closing schools on account of an epidemic of measles, the result of sending your exposed child to school until it "broke out" and exposed all other pupils.

Sending flowers to the funeral of a baby who died from whooping cough contracted through contact with your child at the picture show, when you knew your child was infectious.

Claiming to be a good church member and a law-abiding citizen, deliberately concealing a case of mild smallpox in your household from the health authorities.

Pretending that one of your first concerns is the protection of the community interest and trying to make yourself believe that scarlet fever is only "scarlet rash" or "stomach rash" and therefore not serious enough to keep you away from your business where mingling with the community is unavoidable.

Saying that you are patriotic and permitting your boy to grow up hampered by physical defects that make him anything but an efficient citizen.

Explaining your belief in Safety First and endeavoring to influence your physician into diagnosing a case of diphtheria as "croup" or "tonsilitis" so you can escape quarantine.

Carrying "The Golden Rule My Motto" on your business letterheads and objecting to a quarantine placard on your door, so that your friends and neighbors may avoid exposure to contagious disease.

Refusing to protect yourself against smallpox by vaccination and demanding that expensive quarantine shall be instituted at public expense to protect you.

Worrying about your doctor bill and loss of time and wages from an attack of typhoid fever when you could have avoided the disease at small cost by being immunized.

Feeling sorry for your neighbor, whose baby has "summer complaint" from fly infection, when your accumulating manure heap is breeding flies by the thousands.

Monthly Bulletin

Connecticut

State Board of Health

APRIL 1917



WITH malice toward none---with charity
for all---with firmness in the right as
God gives us to see the right---let us
strive on to finish the work we are in.

Abraham Lincoln

Connecticut State Board of Health

HARTFORD.

Membership of the Board

EDWARD K. ROOT, M. D., President,	<i>Hartford</i>
ALBERT W. PHILLIPS, M. D.,	<i>Derby</i>
LEWIS SPERRY, Attorney at Law,	<i>South Windsor</i>
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LOUIS J. PONS, M. D.,	<i>Milford</i>
J. FREDERICK JACKSON, M. A. S. C. E.	<i>Hamden</i>
JOHN T. BLACK, M. D., Secretary,	<i>New London</i>

Organization

Bureau of Administration	John T. Black, <i>Executive-Secretary</i>
Bureau of Laboratories	Herbert W. Conn, <i>Director</i>
Bureau of Sanitation and Engineering	J. Frederick Jackson, <i>In Charge</i>
Bureau of Vital Statistics	John T. Black, <i>Superintendent</i>
Bureau of Preventable Diseases	} Organization not complete; under supervision of Executive Secretary.
Bureau of Registration and Licenses	
Bureau of Publicity & Education	
Bureau of Supplies and Biologic Products	

Address all communications to

The Secretary, Connecticut State Board of Health, Hartford, Conn.

This Bulletin free to any citizen of Connecticut for the asking.

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MONTHLY BULLETIN

Connecticut State Board of Health

All communications should be addressed to the Secretary—Hartford, Conn.

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HARTFORD, APRIL 22, 1917

Full Series. Vol. XXXI, No. 4

WAR AND HEALTH.

Only those who have kept in touch with the effects of war upon the health and welfare of the people of the countries abroad can fully appreciate the privation and suffering which must be endured by the people of this country before we are again at peace.

Ever since the outbreak of the European war — now the World war — the resources of this country have been heavily taxed to supply the needs of the warring nations. As a result our coffers are full of gold and our food supply is sadly depleted.

The European countries entered war with store houses full and with the markets of the world at their command — we are entering war with our store houses depleted and the markets of the world well nigh exhausted. This is a most serious situation for it means that unless most strenuous measures are taken to produce and conserve, our food supply will soon be so reduced that many will suffer the pangs of hunger and many more will sicken and die from disease induced by lack of proper nourishment.

It is difficult for a people prosperous and long at peace to realize the grave dangers impending and the urgent necessity for prompt and concerted action. Every body should begin at once to produce and reduce — produce foodstuffs to the maximum and reduce extravagance and waste to the minimum. It is a duty to our country and to our fellow man to do all we can — little as it may be — to ward off the dangers and horrors of a famine.

We are inclined to look upon the effectiveness of the army and navy for the successful consumation of war but it must be remembered that the fighting forces can only be effective when properly supported by the civilian workers at home. Our armies must not be handicapped by delayed or insufficient supplies because of sickness and hunger among those at home.

"For the want of a NAIL a shoe was lost
 For the want of a shoe a horse was lost
 For the want of a horse a general was lost
 For the want of a general a battle was lost
 For the want of a battle the COUNTRY was lost
 And all for the want of a Horseshoe Nail."

Your little bit and mine may be as vitally important as was this horseshoe nail — we must not be found wanting !

CHILDREN IN WAR TIME.

Thousands of children besides war orphans and refugees have been directly affected by the war, according to reports from belligerent countries which have come to the Children's Bureau of the U. S. Department of Labor. Juvenile delinquency has increased, more children have been employed under adverse conditions, special measures have been necessary to protect the health of mothers and babies, and home life has been broken up by the increased employment of mothers.

The Bureau believes that the experience of other countries should be carefully considered in order that all possible provision may be made to prevent similar harm to children in the United States.

A preliminary survey of the foreign material emphasizes the importance of a strict enforcement of all child-labor and school-attendance laws and a generous development of infant-welfare work by public and private agencies. The Children's Bureau suggests that a well-planned Baby Week will be more valuable this year than ever before and will gladly send its bulletin of directions for Baby-Week Campaigns to any address.

SODA FOUNTAINS

As places of public refreshment the soda fountains have most thoroughly established themselves and thousands of our citizens are numbered among their devotees. From the serving of a confection, as at first, these places have developed until at present almost any kind of a light lunch is served.

Unfortunately in many of these places the enlargement idea has not included the provision for the proper cleansing of the glassware and utensils; even at the more pretentious places it may be observed that this provision is sadly neglected.

Places of this kind should make provision for the proper and thorough cleansing of the containers used, and should maintain a separate department for this purpose, or individual containers should be in use, the latter being by far the preferable method as their use does away with the possibility of improper and slovenly service even when a separate department is maintained.

Originally these fountains served only what we know as soda water. The patronage was not very great and it was possible for the attendant to serve the soda and also properly clean the glasses.

The patronage gradually grew and ice cream was added to the simple water, then the egg and then other additions until today the soda fountain presents a regular bill of fare to patrons.

Increased profits are readily seen but increased expenses are quite a good deal harder to see and consequently today we see a customer served, the glass shaken about in some water **below the counter** and the glass placed in service again. It does not need argument to convince anyone having the least conception of sanitation that the present arrangements at most of our soda fountains are sadly in need of betterment and while it is the duty of this department to see that conditions are bettered and while this department intends to perform that duty, we need and want the co-operation of the public.

There is no argument or law enforcement in the world that approaches the power of the nickle, the dime and the dollar and the public is the distributor of these all powerful arguments. Any proprietor of any store who sees his patronage departing through any fault of his own is going to correct that fault and he is going to do it without any delay. Consequently the public can have proper service if they will refuse to patronize the merchant that fails to give it.

The individual container, made of paper and discarded after use, is the ideal method of protection against dirt and disease and every soda fountain should be equipped with them. They are now well made and are entirely practical and they embrace not only the container to substitute for the glass but for the dish and every other utensil used in food service. Their cost is sufficiently low, even in the very best grade, to warrant their use without even taking into consideration the time saved the clerk, the cost of water for washing, etc.

It is now a well established fact that practically all of our communicable diseases are transmitted or may be transmitted through the secretions of the mouth; this means that if you are using a carelessly cleaned glass or other utensil at a soda fountain or elsewhere you are taking a long chance of an infection. St. Louis Health Bulletin.

POLIOMYELITIS

During the Epidemic last summer the U. S. Public Health Service took up the study of selected groups of cases of this disease in Connecticut. Some very interesting statistics have been secured from these studies which will be published in full in the biennial report now in preparation.

Numerous inquiries as to the probabilities for the coming summer with requests for information has led us to publish herewith a summary of the most important of these tables.

It is not generally believed that a wide spread Epidemic of infantile paralysis will occur in this State this year although the number of cases will probably greatly exceed the average and localities unaffected last year may be affected this year. At the same time every precaution should be taken for controlling the disease by strict quarantine of the afflicted and the carefully watching of all contacts.

A Study of 255 Cases of Poliomyelitis.

These cases represent three groups:

- 1 Bridgeport — the first 37 cases
- 2 Hartford County — all cases to Sept. 1, — (117 cases)
- 3 Conn. and R. I. — Selected localities — camps-resorts, etc. (101 cases)

Total cases studied 255

Paralytic type	214	Sex — Male	143
Non-Paralytic type	16	— Female	112
Suspicious	25		
Deaths	51	Secondary cases in family	35
Case fatality rate	20%	Per cent of total	137
Families showing 2 cases			14
Families showing 3 or more			5

Cases in which contact was established showing interval between date of contact and date of onset.

Interval (days)	No. Cases	Interval (days)	No. Cases
1	4	7	4
2	5	8	1
3	10	9	2
4	5	10	4
5	9	11	1
6	1	12	0
		Over 12	13

Cases according to age

Age	Cases	Age	Cases
Under 1 yr.	26	10	2
1	37	11	6
2	47	12	8
3	25	13	4
4	17	14	3
5	15	15	3
6	11	16	3
7	14	Over 16	13
8	5		
9	5		

Early Symptoms in order of Frequency

Symptoms	Percent cases	Symptoms	Percent cases
Fever	85	Headache	48
Sweating	70	Pain when lifted	46
Drowsiness	70	Stiff back	41
Flush	69	Retraction head	40
Pain	66	Sore throat	17
Restlessness	63	Coryza	12
Stiff neck	61	Cough	11
Constipation	56	Initial chills	9
Nausea	52	Diarrhoea	8
Twitching and tremor	52	Skin Eruption	6
Tenderness	50	Enlarged Glands	6

Food

Percent using fresh cow's milk	81
Percent breast fed	14
Percent using condensed milk or none	2
Largest number of cases on any one milk route	5

Domestic Animals

Present in	164 homes
Absent in	69 "

Hartford County

Rural cases	26
Village "	26
City "	65

EMERGENCY DISINFECTION OF A MUNICIPAL WATER SUPPLY

The value of the portable disinfection apparatus recently acquired by the State Department of Health was shown when a breakdown at the Burlington water plant made it necessary to pump raw water into the mains for several days. Burlington has a rapid sand filter plant with hypochlorite disinfection, which, under normal conditions, effectively purifies the dangerously polluted Delaware River water. The law requires that whenever any accident happens at a water plant, which may result in lowering the sanitary quality of the water, the State Department of Health must immediately be notified by telegraph or telephone. This notification was promptly sent by the Burlington authorities when one of their raw water pumps broke down, throwing the filters and hypochlorite disinfection plant out of service, and one of the department's assistant sanitary engineers was immediately sent to Burlington with instructions to make all necessary arrangements to sterilize the water. A temporary hypochlorite disinfection apparatus which had been set up by the officials of this water company was not working satisfactorily, and the portable chlorine apparatus belonging to this department was sent to Burlington and put into operation not long after the break-down occurred.

Because of the difficulty in getting parts for the broken engine, six days elapsed before normal pumping could be resumed. During all this time unfiltered water from the Delaware River was pumped more or less continuously into the mains, the only treatment which it received being the addition of chlorine at the rate of about 0.5 parts per million.

When the break-down first occurred the local board of health of Burlington immediately secured the co-operation of the boy scouts, who made a house to house canvass of the town, notifying every householder to boil the water. Undoubtedly this was done in many cases. This and the disinfection of the water by means of the emergency chlorine apparatus was probably sufficient to protect the citizens against the epidemic of typhoid fever which would almost certainly have resulted if the very dangerously polluted Delaware River water had been used in its raw state.

Accidents like this occasionally happen to other water plants throughout the state, and the department is prepared at short notice to provide temporary facilities for disinfection when needed.—*N. J. Public Health News.*

Note—Connecticut State Board of Health in a similiar emergency could advise only. An Engineering Department, with funds and equipment is surely needed.

In the next issue of the Bulletin will be given a synopsis of all the health laws passed at this session of the legislature and it is hoped that among them will be one putting the State Board in position to be of real assistance to the various towns and health officers throughout the State.

HERBERT W. CONN., PH.D.

Born, January 10, 1859.

Died, April 18, 1917.

The news of the sudden death of Prof. Herbert W. Conn, at his home in Middletown, reaches us as we go to press.

Doctor Conn has been connected with Wesleyan University for many years as Professor of Biology and in connection with this work, he organized the State Board of Health Laboratory in 1905 and continued as its director until the time of his death.

He was a director of the American Public Health Association and was affiliated with many other scientific organizations.

As a man of sterling character, as a pioneer health worker and as a scientist of national repute we deeply mourn his loss.

SMALLPOX — MARCH

Quite an increase in the number of cases of Smallpox in the State is noted particularly in rural communities. A number of outbreaks of "Chicken-Pox" in the western part of the State have undoubtedly been outbreaks of a mild type of smallpox. Vaccinated people never contract this form of Chicken-Pox, — Reports show 108 cases of Smallpox this month as compared with sixty-two last month.

CEREBRO SPINAL MENINGITIS — MARCH

Last year Bridgeport had a small outbreak of Epidemic meningitis — this year Hartford is the unfortunate locality. Most of the cases not receiving hospital treatment die. Fifty-seven cases have been reported, forty of them being in Hartford County. Twenty-nine deaths occurred in the state.

MORTALITY SUMMARY -- MARCH

Total deaths for March.....	1994	Death rate...	19.3
Average death rate for March last five years.....			17.8
Annual death rate 1916.....			16.3
Deaths from communicable diseases.....			266
Per cent of total deaths.....			1.33
Deaths under one year 313	Rate per thousand births		104

CASES—COMMUNICABLE DISEASES

REPORTED BY LOCAL HEALTH OFFICERS

MARCH 1917

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases See "Notes"	Other Diseases See "Notes"
STATE—TOTAL	1,238,723	9	108	877 +	158	82	177	57	2	130	24	76 +
Over 50,000 inhabitants:												
New Haven	148,951	2	...	279	4	...	13	3	...	32	...	...
Bridgeport	120,688	...	...	75	4	...	19	6	...	22	...	...
Hartford	110,354	...	1	18	31	4	31	35	...	21	G6	S1
Waterbury	86,342	...	39	18	8	1	18	3	...	10	...	...
New Britain	53,344	1	...	2	4	2	7	...	1	6	S1	T4
From 25,000 to 50,000 inhabitants:												C M
Stamford (city)	30,622	...	1	56	14	22	11	...	...	6	...	13 36
Meriden (city)	29,046	...	...	...	3	...	1	...	...	4	...	...
Norwalk	26,778	...	...	1	3	...	4	...	...	2	...	...
From 15,000 to 25,000 inhabitants:												
Danbury (city)	22,452	...	...	2	4	...	1	...	...	3	...	...
Norwich (city)	22,236	...	...	30	3	...	...	...	...	1	G1	...
New London	20,925	2	3	3	1	8	5	...	...	4	...	...
Greenwich (town & boro)	19,037	...	...	17	3	2	1	...	...	2	...	...
Torrington (boro)	18,000	...	3	...	4	...	1	...	...	...	...	...
Ansonia	16,634	...	...	12	...	...	2	...	...	6	...	...
Bristol	15,817	1	...	47	...	15	1	...	...	3	G2	...
Manchester	15,465	...	...	...	2	...	2	...	...	7	G2 S9	...
From 10,000 to 15,000 inhabitants:												
Naugatuck	14,030	1	12	4	2	...	1	2	...	...	...	...
Orange	13,838	...	...	4	2	...	...	...	...	1	...	...
Middletown (city)	13,208	...	...	...	2	...	1	...	...	1	...	...
Willimantic (city)	12,605	...	...	...	...	...	...	...	...	1	...	...
Enfield	11,531	...	...	...	1	...	1	...	...	...	...	...
From 5,000 to 10,000 inhabitants:												
Wallingford (boro)	9,861	...	...	7	...	...	...	...	...	7	...	...
Derby	9,627	...	...	...	...	...	6	...	...	1	...	...
Middletown (town)	9,496	...	...	...	3	...	...	...	...	2	...	...
East Hartford	9,177	...	...	...	3	...	...	1	...	...	...	...
Rockville (city)	8,361	...	...	...	...	...	...	2	...	...	...	...
Norwich (town)	8,131	...	...	8	...	...	...	...	...	...	...	...
Plainfield	7,857	...	...	...	1	...	1	...	...	...	...	...
Stonington (town)	7,556	...	5	31	1	...	...	...	...	...	...	...
Putnam (city & town)	7,240	...	...	...	3	...	...	...	...	...	...	...
Shelton (city)	7,129	...	...	6+	...	...	...	...	...	...	...	...
Fairfield	7,121	...	2	42	1	4	2	...	...	2	...	...
Stratford	6,945	...	...	5	...	...	...	...	...	1	...	...
Southington (town & boro)	6,890	...	2	...	2	...	1	...	...	1	...	...
Hamden	6,584	...	...	5	...	...	3	...	...	...	...	...
Plymouth	6,336	...	3	...	2	...	...	...	...	...	...	...
Branford (town & boro)	6,251	...	...	1	...	...	7	...	...	...	...	...
West Hartford	5,781	...	...	...	...	...	1	3	...	...	...	...
Seymour	5,533	...	...	27	...	...	2	...	...	1	...	...
New Milford	5,133	...	...	6	...	...	6	...	...	...	...	...
Glastonbury	5,117	...	...	...	...	...	...	...	1	...	...	...
Meriden (town)	5,042	...	...	...	1	...	...	...	...	...	...	...
From 2,000 to 5,000 inhabitants:												
Groton	4,814	1	...	4	1	...	...	...	...	...	...	...
Milford	4,715	...	...	5	5	...	...	...	...	...	...	...
Windor	4,516	...	...	...	...	...	1	...	...	...	...	...
Darien (town)	4,444	...	...	9	...	...	...	...	...	...	...	...
Westport	4,404	...	...	2	...	5	...	...	...	1	...	...
Watertown	4,300	...	2	3	...	...	1	...	...	...	...	...
Stamford (town)	4,211	...	...	...	1	...	1	...	...	2	...	...
Windsor Locks	4,106	...	...	...	1	...	1	...	...	...	...	...
New Canaan (town & boro)	4,085	...	...	3	5	...	2	...	...	1	...	...
Bethel (town & boro)	4,071	...	...	...	...	...	2	...	...	...	...	...
Suffield	4,033	...	...	...	...	...	1	...	...	...	...	...
Berlin	3,896	...	...	2	2	...	3	...	...	1	...	C+
Thompson	3,822	...	...	...	...	...	1	...	...	1	...	...
Thomaston	3,672	...	...	...	...	...	...	...	...	2	...	M1
Farmington	3,566	...	...	2	...	4	...	...	...	...	...	...

Canaan has failed to report: towns not listed reported no cases of infectious disease.

CASES—COMMUNICABLE DISEASES (Continued)

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever	Small Pox.	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases	Other Diseases See "Notes"
Salisbury	3,541				1							
Jewett City (boro)	3,502			2	1							
East Windsor	3,484				2							
Wethersfield	3,454				2			1				
Killingly (town)	3,401						2			2		
Plainville	3,297			1	1							
Sprague	3,278									1		
Portland	3,167			1	1		5					
Guilford (town & boro)	3,130			1		1				2		
Montville	3,049			+								
Danielson (boro)	3,000			+						2		
Essex	2,874					8						
Newtown (town & boro)	2,854		26	1						1	s1	
Simsbury	2,802											
Canton	2,764			1	3	1				1		
South Windsor	2,393							1				
North Canaan	2,391					3						
Cromwell	2,282									1		
East Haven	2,171						1					
Newington	2,077				1							
Mansfield	2,067			2								
Pomfret	2,013				1							
Groton (boro est.)	2,000			30	2							
Under 2,000 inhabitants:												
Cheshire	1,988			4								
Stonington (boro)	1,966				3					1		
East Lyme	1,964			2								
Woodstock	1,702											M20
Harwinton	1,576			+								
Old Saybrook	1,566	1		1								
Brooklyn	1,558						1					
Madison	1,543			1								
Torrington (town)	1,500		3									
Chester	1,473					2						
Preston	1,383									7		
Burlington	1,379				1							
New Hartford	1,376									1		
Avon	1,358				3							
Sterling	1,327						4					
Rocky Hill	1,283				4					1		
Old Lyme	1,181		5									
Clinton	1,181			1						1		
Griswold (town)	1,177			6								
Brookfield	1,134			7						1		
Easton	1,107		1	1								
Kent	1,064			1	2							
Oxford	1,060			1								E1
Ledyard	985			3								
Bozrah	898			1						1		
Middlebury	896			50								
Woodbridge	893			15						1		
North Branford	844			2								
Voluntown	724						1					G1
Hampton	556				1		1			1		
Prospect	526			5								
Franklin	516			2								

NOTE:—(s) syphilis; (G) gonorrhoea; (o) ophthalmia; (L) leprosy (C) chicken pox
 (M) mumps; (x) septic sore throat; (p) pellagra; (I) la grippe (A) anthrax. (E) erysipelas.
 (T) trachoma + few ++ epidemic.

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Line Number.	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1916.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, March 1916.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut.	1,238,723	2880	82	1071	1994	19.3	17.3	313	128	545
2	Ansonia.....	16,634	51	...	24	21	15.1	9.4	4	3	2
3	Branford.....	6,251	7	...	4	8	15.0	19.2	1	1	1
4	Bridgeport.....	120,688	402	13	187	242	22.9	17.0	45	17	41
5	Bristol.....	15,817	54	...	10	21	15.9	9.2	3	2	9
6	Danbury.....	25,918	23	...	8	36	14.8	17.7	5	...	10
7	Derby.....	9,627	38	...	19	18	13.7	23.8	5	1	2
8	East Hartford,...	9,177	22	...	8	15	19.6	7.9	3	...	5
9	Enfield.....	11,531	26	3	8	11	11.4	19.0	2	1	3
10	Fairfield.....	7,121	19	...	3	14	21.9	20.5	2	1	3
11	Glastonbury.....	5,117	12	...	5	7	11.7	14.1	1	...	3
12	Greenwich.....	19,037	55	1	22	30	16.3	10.8	6	1	11
13	Groton.....	6,814	10	...	6	5	8.8	23.0	1	...	3
14	Hamden.....	6,584	11	...	1	11	18.2	14.7	1	3	2
15	Hartford.....	110,354	328	11	147	244	21.3	15.9	38	18	50
16	Killingly.....	6,401	10	...	7	7	13.1	22.4	1	...	4
17	Manchester.....	15,465	33	...	5	13	10.0	7.8	1	...	5
18	Meriden.....	34,088	59	3	24	48	14.7	13.1	5	...	12
19	Middletown.....	22,706	45	1	6	54	10.0	16.0	2	...	15
20	Naugatuck.....	14,030	27	...	15	12	9.4	14.0	2	1	1
21	New Britain.....	53,344	171	5	49	75	16.6	13.5	24	6	14
22	New Haven.....	148,951	430	14	163	268	19.4	15.6	37	20	71
23	New London.....	20,925	55	...	22	32	12.0	22.5	8	2	8
24	New Milford.....	5,133	9	...	3	8	18.7	23.4	2	1	4
25	Norwalk.....	26,778	48	...	16	43	18.8	14.5	6	5	15
26	Norwich.....	30,367	55	1	30	41	13.0	15.6	7	...	14
27	Orange.....	13,838	26	...	4	19	15.6	15.0	1	...	8
28	Plainfield.....	7,857	9	...	1	13	19.8	21.7	5	...	3
29	Plymouth.....	6,336	11	...	4	6	11.3	3.8	2	...	3
30	Putnam.....	7,240	14	1	7	18	24.8	26.5	...	1	12
31	Seymour.....	5,533	23	1	3	6	13.0	17.6	1	1	...
32	Shelton.....	7,129	24	...	5	12	16.8	20.4	3	...	...
33	Southington.....	6,890	17	2	2	10	17.4	10.5	1	1	4
34	Stafford.....	5,794	11	...	2	6	12.4	12.5	1	...	2
35	Stamford.....	34,833	72	5	28	42	14.1	10.2	3	11	10
36	Stonington.....	9,522	19	1	12	14	17.6	21.5	2	...	7
37	Stratford.....	6,945	27	1	3	9	13.8	5.2	1	1	3
38	Torrington.....	19,500	47	...	19	25	12.9	12.5	4	1	10
39	Vernon.....	9,450	9	3	5	15	19.0	11.4	...	3	5
40	Wallingford.....	12,446	20	1	5	18	17.3	4.8	2	1	8
41	Waterbury.....	86,342	229	7	84	136	17.7	14.3	26	8	22
42	West Hartford,...	5,781	8	1	1	6	10.3	36.0	3	2	...
43	Winchester.....	9,228	15	...	3	16	15.6	19.6	2	...	9
44	Windham.....	14,083	29	...	7	23	15.3	9.4	5	1	4
Total of above towns,...		1,017,605	2610	75	987	1678	19.7	17.1	274	114	418
Towns of less than 5,000.,		221,118	270	7	84	316	17.1	18.2	39	14	127

Non-resident deaths in public institutions are not included in the death rates of the towns.

HEALTH FOR THE MONTH OF MARCH, 1917

FOR FEBRUARY 1917.

DEATHS FROM IMPORTANT CAUSES.															EXTERNAL CAUSES.			Deaths In Institutions.	Deaths of Non-residents.	Line Number.
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis.	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.			
5			10		3	19	41	159	35	103	29		360	15	96	16	3	582	235	1
			2				1	3	2	1			2	1	1					2
			2			1	3	22	5	13	4		61	2	14	1		90	11	3
			1					1	1				6			1				4
								4		3			7		2			10	4	5
						1	2	3		1			2		2			9	7	6
								1					2							7
													4							8
													1							9
													2		2					10
							1	1	1				4		2				2	11
							2		2						5				4	12
					1			1					2							13
						1	6	10	6	8	15		54	6	12	1	1	129	48	14
										1			2	1						15
							2	12		3			2							16
								1	1				3		1			12	6	17
							1	9		1			10		1			43	35	18
							1	1			1		3		1				1	19
			3		2		3	5		2			12		3	1		15	1	20
						3		25	3	15	4		51	1	10	4	1	103	27	21
										1			8					15	11	22
						2							2							23
						1	2	2	2				10		1	1		8	1	24
							2	6		2			6		3			13	8	25
								4		1			2					1	1	26
								1	1				2							27
													1		1					28
													5							29
						1				1								2	3	30
			1					2	1	1										31
								1			1				2	1		2	2	32
						1		1			1									33
													1					3		34
						1	2	1		4			7		2	1	1	13	1	35
								1		1			2							36
							1				1		1		1				1	37
											1		2		3	1		6	4	38
								2		1	1		3		1					39
								2					4		2			2		40
						5	2	5	6	10	2		17		10	1		38	8	41
									1				1	2				5	1	42
													2					6	4	43
							1	1		3			6					10	5	44
4			9		3	17	33	127	31	83	29		313	13	83	15	3	543	198	
1			1		2	8	2	2	4	20			47	2	13	1		39	37	

A correction: Total Births for January 3066.

LABORATORY REPORT — MARCH.

Prof. H. W. Conn, Director.

Bacteriological examinations and analyses.

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis.....	15	110	—	125
Diphtheria, release.....	9	44	—	53
Tuberculosis.....	33	138	—	171
Typhoid.....	7	35	—	42
Malaria.....	1	5	—	6
Glanders.....	2	2	—	4
Gonococcus.....	—	4	—	4
Pus for T.B.....	—	1	—	1
Rabies.....	10	1	—	11
Syphilis.....	92	415	38	545
Milk samples examined (from 15 towns).....				193
Water samples examined.....				27
Oil samples tested.....				4
Sewage and effluents examined.....				9
Total Laboratory operations during March.....				1195

METEOROLOGICAL SUMMARY—MARCH, 1917

MONTHLY SUNSHINE RECORD

Hours actual sunshine, 168.2. Hours possible, 370.6. Percentage of possible sunshine, 45.

WEATHER.

Number of days, clear.....	10
Partly cloudy.....	9
Cloudy.....	12
On which .01 inch, or more, occurred	14

Total Precipitation this month in

1906-5.02	1907-1.33	1908-3.06	1909-3.64
1910-0.95	1911-3.89	1912-7.29	1913-4.86
1914-4.14	1915-0.29	1916-2.77	1917-4.12

PRECIPITATION.

Total this month.....	4.12
Total snowfall.....	7.2
Greatest precipitation in 24 hours, on the 27th.....	1.21
Snow on ground end of month.....	00
Normal for this month.....	4.32
Deficiency for this month as compared with the normal.....	0.20
Accumulated deficiency since Jan. 1 ..	2.48

ATMOSPHERIC PRESSURE.

(Reduced to sea level; inches and hundredths.)
 Mean ... 30.06; highest 30.58..date 7th
 Lowest ... 29.48..date 27th
 Mean monthly relative humidity.....66%

TEMPERATURE.

Highest...57, date 26th; lowest 13, date. 7th;
 Greatest daily range 32date 20th;
 Least daily range 5.....date 4th;
 Mean highest...43.8; lowest..... 28.6

Mean for this Month in

1906-31	1907-38	1908-37	1909-35
1910-42	1911-34	1912-34	1913-41
1914-35	1915-35	1916-29	1917-36

Mean for this month.....	36.2
Normal for this month.....	35.0
Absolute maximum for this month for 13 years.....	80
Absolute minimum for this month for 13 years.....	4
Average daily excess this month as compared with normal	1.2
Accumulated deficiency since Jan. 1..	2.48
Average daily excess since Jan. 1.	0.1

WIND

Prevailing direction..... N.W.
 Total movement.....6716 miles
 Average hourly velocity..... 9.0
 Maximum velocity (in five minutes)
 34 miles per hour, from SW., on 28th.

U. S. Department of Agriculture Weather Bureau, Hartford Station.

WILLIAM W. NEIFERT, METEOROLOGIST

AN URGENT NEED IN TIME OF WAR.

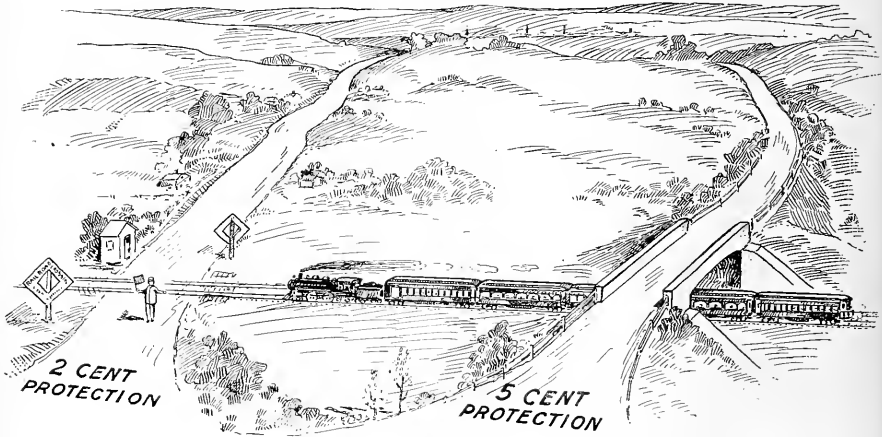
Since war has been proclaimed preparations have been made for the mobilization of nearly all of the resources and interests of the nation and state. Most of the plans have been worked out in conjunction with existing organizations — some by special legislative enactment.

An effort is being made to mobilize gaurdians of public health in this state but without an organized state board of health as a nucleus the problem is perplexing. Should the pending legislation giving Connecticut a good working system receive favorable consideration, an emergency health corps can soon be formed.

Connecticut, because of its geographical location, its railroads, harbors, munition plants and numerous factories will be the centre of great military activity. Camps of soldiers, internment and refugee camps, base hospitals and various other military activities will not only demand the co-operation of civil health authorities but will introduce problems affecting the health and welfare of civilians.

Connecticut must be prepared to meet these demands!

Which crossing shall it be ?



ON THE WAY THROUGH LIFE YOU AND YOUR
CHILDREN MUST FREQUENTLY CROSS THE TRACKS
OF DISEASE.

WILL CONNECTICUT CONTINUE TO MAINTAIN
GRADE CROSSINGS OR WILL IT ADOPT THE SAFE
OVERHEAD CROSSING AS REPRESENTED BY A
MODERN HEALTH SYSTEM ?

GRADE CROSSING PROTECTION COSTS \$24,000
OVER-HEAD CROSSING WILL COST \$60,000
WHICH CROSSING IS REAL ECONOMY ?

Monthly Bulletin

Connecticut

State Board of Health

MAY 1917



IT is said that a man is judged by the company he keeps. He is also judged by the yard he keeps.

Connecticut State Board of Health

HARTFORD.

Membership of the Board

EDWARD K. ROOT, M. D., President,.....	<i>Hartford</i>
ALBERT W. PHILLIPS, M. D.,.....	<i>Derby</i>
LEWIS SPERRY, Attorney at Law,	<i>South Windsor</i>
ARTHUR J. WOLFF, M. D.,.....	<i>Hartford</i>
LOUIS J. PONS, M. D.,.....	<i>Milford</i>
J. FREDERICK JACKSON, M. A. S. C. E.	<i>Hamden</i>
JOHN T. BLACK, M. D., Secretary,	<i>New London</i>

Organization

Bureau of Administration.....	John T. Black, <i>Executive-Secretary</i>
Bureau of Laboratories.....	Herbert W. Conn, <i>Director</i>
Bureau of Sanitation and Engineering.....	J. Frederick Jackson, <i>In Charge</i>
Bureau of Vital Statistics.....	John T. Black, <i>Superintendent</i>
Bureau of Preventable Diseases.....	} Organization not complete; under supervision of Executive Secretary.
Bureau of Registration and Licenses.....	
Bureau of Publicity & Education.....	
Bureau of Supplies and Biologic Products.....	

Address all communications to

The Secretary, Connecticut State Board of Health, Hartford, Conn.

This Bulletin free to any citizen of Connecticut for the asking.

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MONTHLY BULLETIN

Connecticut State Board of Health

All communications should be addressed to the Secretary—Hartford, Conn.

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New Series, Vol. IV. No. 5

HARTFORD, MAY 22, 1917

Full Series, Vol. XXXI, No. 5

A STATE DEPARTMENT OF HEALTH.

The act of the legislature abolishing the State Board of Health and creating a State Department of Health with additional duties and increased powers is printed herewith in full.

While the State Board did not contemplate such a radical change in organization, it did advocate broader powers and increased appropriations. The Board has long felt the need of additional power and money to enable it to meet the demands of modern health work. It has also felt that criticisms for inactivity and negligence were sometimes made because those who criticized were uninformed as to its limitations.

The demands upon the State Board of Health have, in recent years increased enormously, — instead of quarterly meetings, as required by law, monthly meetings have been voluntarily held and the members of the Board have spent hours and days in study and investigation without compensation and without complaint. They have done well what was within their power to do and have laid a foundation for state health work that will stand the test of time.

To the new Department of Health, with its larger field and increased responsibilities, we wish success.

John T. Black, M. D. Sec'y.

AN ACT CREATING A STATE DEPARTMENT OF HEALTH

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Sec. 1. A department of health is created which shall have the authority and perform the duties now conferred upon the State Board of Health. Such department shall consist of a commissioner of health and a public health council, with such directors of bureaus and officials as are hereinafter provided.

Sec. 2. On or before July 1, 1917, the governor shall appoint a commissioner of health who shall be the administrative head of the department, and chairman of the public health council. Such commissioner shall be a physician, graduated by an incorporated medical college recognized by one of the medical examining boards of this state, of at least five years' experience in actual practice of his profession, skilled in sanitary science and experienced in public health administration. The term of office of the commissioner of health shall be six years from the first day of July following his appointment. He shall not engage in any other occupation, and shall be paid a salary of four thousand dollars per annum, and the expenses incurred in the performance of his duties.

Sec. 3. On or before July 1, 1917, the governor shall appoint six members of the public health council, at least two of whom shall be physicians, and two sanitary engineers. Two members of such council shall hold office from their appointment until the first day of July, 1919, two until the first day of July, 1921, and two until the first day of July, 1923. The terms of office of members appointed in 1919 and biennially thereafter shall be six years from the first day of July following their appointment. The governor shall fill any vacancy. Members of the public health council shall be paid their actual and necessary expenses incurred in the performance of official duties.

Sec. 4. Said council shall meet at least once in three months, and at such other times as it shall determine or upon request of any four members, or of the commissioner of health. Four members of the council, including the commissioner of health, shall constitute a quorum.

Sec. 5. Said council shall establish a sanitary code, and from time to time amend the same. Said sanitary code may provide for the preservation and improvement of the public health. Each regulation adopted by said council shall state the date on which it takes effect, and a copy thereof, signed by the commissioner of health, shall be filed in the office of the secretary of the state, and a copy shall be sent by the commissioner of health to each health officer, and shall be published in such manner as said council may determine. Said council shall have authority to prescribe the qualifications of the directors of bureaus and all other appointees and shall submit biennially to the governor, a report with such recommendations as it may deem advisable.

Sec. 6. The commissioner of health shall employ the most efficient and practical means for the prevention and suppression of disease, and shall administer the health laws and the sanitary code, prepare rules and regulations for the council and, with the approval of the council, appoint and remove directors of bureaus, deputies, inspectors and other employees. He shall have authority over health officials, and may for cause, and with the consent of the council, remove any local health official, but any person claiming to be aggrieved by such removal may appeal to the Superior Court which may affirm or reverse the action of the council as the public interest may require; he shall assist and advise local health officers in the performance of their duties, and may require the enforcement of any law, regulation or ordinance relating to public health, and, with the health authorities of this and other states secure information and data concerning the prevention and control of epidemics and conditions affecting or endangering the public health, and he shall compile such information and statistics and shall disseminate, among health authorities and the people of the state, such information as may be of value to them. He shall prepare printed forms for reports and returns, and such instructions as may be necessary for the use of health officers, boards of health and registrars. When requested by local health officers, he shall visit their jurisdictions to investigate, consult and advise on any condition affecting public health; make, at least once each year, an inspection of all public hospitals, asylums, prisons, schools and other institutions and submit a report of his investigations to the council with such recommendations as he may deem proper. The commissioner of health shall investigate complaints of nuisances and conditions affecting the security of life and health in any locality, and for that purpose, he or any person authorized by him so to do, may enter and examine any ground, vehicle, apartment, building or place, and any person designated by him shall have the authority conferred by law upon constables. Said commissioner may, subject to the approval of the board of control, employ such clerical and other assistance and purchase such supplies and material for use in said department as may be necessary for the proper discharge of the duties of his office.

Sec. 7. Said department shall maintain bureaus of vital statistics, preventable diseases, laboratories and sanitary engineering. Within the discretion of said commissioner he may appoint a director of each of said bureaus to direct the work, under the control and direction of said commissioner; any director so appointed shall receive such compensation as may be fixed by the health council subject to the approval of the board of control.

Sec. 8. Cities, boroughs or towns may consolidate for the purpose of forming sanitary districts. Such consolidation shall be accomplished in the same manner as consolidations of fire districts, and the appointment of a health officer therein shall be by agreement between the selectmen or the city and borough officials of the municipalities voting to consolidate. If such health officers shall not be selected within sixty days from the consolidation

of such district, the health officer shall be appointed by the public health council. Upon the appointment of a health officer under the provisions of this section, the terms of office of the health officers of the towns, cities or boroughs forming such consolidation shall terminate.

Sec. 9. Any local health officer, board of health, or official charged with the enforcement of the health laws shall enforce or assist in the enforcement of the sanitary code and such rules and regulations as may be adopted by the council. Towns, cities and boroughs shall retain the power to adopt sanitary rules and regulations heretofore granted by statute, provided no rule or regulation hereafter adopted shall be inconsistent with the sanitary code as adopted by the public health council. In any emergency when the health of any locality shall be menaced, or when any local board of health or health officer shall neglect or refuse to comply with the recommendations of the state department of health, said department may enforce such quarantine regulations as may be required for the protection of the public health.

Sec. 10. County health officers shall prosecute any violation of any provision of this act. Any person who shall violate any provision of this act or of the sanitary code, shall be fined not more than one hundred dollars, or be imprisoned not more than three months, or both.

Sec. 11. All acts or parts of acts inconsistent with this act are repealed

Sec. 12. This act shall take effect from its passage.

Approved, May 16, 1917.

DO NOT ENLIST NOW.

Health officers, sanitary engineers and all health workers should not enlist until they can be assigned to best advantage — your services are many times more valuable to your country in your chosen profession than in the army or navy as a soldier or sailor.

The following resolutions explain the plans to date. The "Joint Resolution" is now before Congress and will probably pass within a few days. Special notice will be sent out as soon as the The Public Health Service Reserve is ready for volunteers.

**RESOLUTIONS ADOPTED BY THE CONFERENCE OF STATE
AND TERRITORIAL HEALTH OFFICIALS AT THE SESSION
HELD ON MONDAY EVENING EVENING, APRIL 30, 1917.**

We, the Executive Health Officials of the several states and territories in conference assembled, do hereby

RESOLVED That under conditions incident to a state of war, the public health personnel, resources and organizations of the several states and territories should be placed at the disposal of the Federal Government.

WHEREAS The Federal Public Health Service has hitherto been the natural point of contact between the Federal Government and the several states and territories in all matters pertaining to public health, and the aforesaid Service is thoroughly familiar with the manner of administration of public health measures by State and local boards and departments of health be it therefore

RESOLVED That it is the opinion of the Executive Health Officials of the several states and territories in conference assembled, that the Federal Public Health Service, under conditions incident to a state of war, should be the agency of the Federal Government through which correlation, supervision, and direction of the various state and local health agencies should be exercised, and be it further

RESOLVED That aside from the hygienic and medical care of the actual military and naval forces, all sanitary and hygienic activities incident to a state of war which require a national policy, should be correlated, supervised and directed by United States Public Health Service.

WHEREAS The present personnel and organization of the Federal Public Health Service is entirely inadequate, be it therefore

RESOLVED That it is the opinion of the Executive Health Officials of the several states and territories, in conference assembled, that a National Sanitary Reserve Corps should be created as an auxiliary to the Federal Public Health Service.

We, the Executive Health Officials of the several states and territories, in conference assembled, do hereby unequivocally endorse the following resolution:

JOINT RESOLUTION

To establish a Reserve of the Public Health Service.

Be it resolved by the Senate and House of Representatives of the United States of America in Congress assembled. That for the purpose of securing a reserve for duty in the Public Health Service in time of national emergency, there shall be organized, under the direction of the Secretary of the Treasury, under such rules and regulations as the President shall prescribe, a Reserve of the Public Health Service. The President alone shall be authorized to appoint and commission as officers in the said Reserve such citizens as, upon examination prescribed by the President, shall be found physically, mentally and morally qualified to hold such commissions, and said commissions shall be in force for a period of five years, unless sooner terminated in the discretion of the President. but commission in said Reserve shall not exempt the holder thereof from military or naval service. Said officers shall consist of Sanitariums, Passed Assistant Sanitariums, and Assistant Sanitariums: and when ordered to active duty in the service of the United States, shall receive the pay, allowances, and leaves of absence of Surgeons, Passed Assistant Surgeons, and Assistant Surgeons, respectively, provided that the Secretary of the Treasury may appoint for duty with said reserve employees in such number as the public interest may require and the funds appropriated may permit.

That for the purpose of carrying out the provisions of this act the sum of \$———— be appropriated out of any money in the United States Treasury not otherwise appropriated.

TUBERCULOSIS OF HOGS.

The Weekly News Letter of the United States Department of Agriculture for February 21, 1917, contains an article which states that tuberculosis of hogs is a disease which costs millions of dollars annually and that its eradication is practical and relatively easy. The author states that one of the principal ways of preventing hogs from becoming tubercular is by keeping them away from tubercular cattle, and by cooking or pasteurizing all skimmed milk which is fed to them. Tuberculosis in hogs is usually due to the bovine type of the tubercle bacillus. A considerable proportion of the tuberculosis in children is due to the same bacillus, which the child gets in the same way as does the hog, by using raw milk which contains living tubercle bacilli. Surely, if it is worth while to pasteurize milk to save hogs, it is worth while to pasteurize it to save the baby.

THE PRICE OF MILK

The Dairymen who today charge ten cents for a quart of milk probably make less profit than they who sell milk for less money, and the reason is that it costs more money to produce safe milk than unsafe milk."

Monthly Report — New Britain.

PATRIOTIC SERVICE

"No sounder patriotic service can be offered at this time than the practical study of how each community can preserve the welfare of its children, its last line of defense. England has learned so well the need for protecting her mothers and babies that infant-welfare work has redoubled there since the war began. For the first year of war her infant mortality rate was higher than in previous years, but for 1916 it was the lowest rate on record for that country.

"Here in America, before war is actually upon us, is it not the part of common sense that each community should study well its own needs and make sure that its preparation for the grim future which threatens shall include the safeguarding of the lives and welfare of its children?"

Municipal Health Work for Babies.—Over two-thirds of the 599 American cities with 10,000 or more population have reported to the Federal Children's Bureau that some kind of work affecting the health of babies is carried on by the municipality. In twenty cities this work is so highly organized that a special division devoted to child hygiene has been included in the city health department. Three of these twenty cities are in New Jersey; they are Newark, Jersey City and Montclair. The others are Boston, Buffalo, Chicago, Cincinnati, Cleveland, Detroit, Duluth, Kansas City, Los Angeles, Milwaukee, Nashville, New York City, Philadelphia, Pittsburgh, Providence, Seattle and Toledo. New Jersey is one of four States that have a special Division of Child Hygiene within the State Department of Health; the others are Kansas, New York and Ohio.

Of the municipalities reporting, 255 have milk inspection as the only municipal activity affecting babies, 100 employ nurses to visit the homes and teach the mothers what to do for their babies; 63 have nurses assigned for the instruction of prospective mothers in prenatal care, 60 have infant welfare stations, and in 44 there are classes for instructing older school girls in infant hygiene. Many of the cities have both infant welfare stations and visiting nurses. Copies of the bulletin giving full information concerning these activities may be obtained free upon application to the Children's Bureau, Washington, D. C.

MORTALITY SUMMARY—APRIL.

Total deaths for April 1822	Death rate . . .	17.6
Average death rate for April last five years		16.2
Annual death rate 1916		16.3
Deaths from communicable diseases		236
Per cent of total deaths		12.9
Deaths under one year 288	Rate per thousand births	96

CASES—COMMUNICABLE DISEASES

REPORTED BY LOCAL HEALTH OFFICERS

APRIL 1917

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases See "Notes"	Other Diseases See "Notes"
STATE—TOTAL	1,238,723	18	39	1068 +	213	111	143	80	1	158	35	145 +
Over 50,000 inhabitants:												
New Haven.....	148,951	3	.....	361	3	4	11	6	1	16	.....	.....
Bridgeport.....	120,688	.....	.....	97	19	.....	23	7	.....	15	G12	.....
Hartford.....	110,354	1	1	41	25	14	25	47	.....	27	G15 s2	.....
Waterbury.....	86,342	.....	8	11	9	.....	13	2	.....	9	.....	.....
New Britain.....	53,344	1	.....	5	11	2	8	4	.....	11	.....	.....
From 25,000 to 50,000 inhabitants:												.....
Stamford (city).....	30,622	.....	.....	69	4	11	3	.....	.....	8	.....	.....
Meriden (city).....	29,046	.....	.....	.....	1	.....	2	.....	.....	1	.....	.....
Norwalk.....	26,778	.....	.....	4	4	.....	.....	.....	.....	.....	.....	.....
From 15,000 to 25,000 inhabitants:												.....
Danbury (city).....	22,452	.....	.....	2	7	.....	.....	.....	.....	2	.....	.....
Norwich (city).....	22,236	.....	.....	24	5	.....	3	.....	.....	.....	.....	.....
New London.....	20,925	.....	1	18	1	48	1	.....	.....	3	.....	.....
Greenwich (town & boro)	19,037	2	.....	10	4	5	1	.....	.....	4	.....	.....
Torrington (boro)	18,000	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Ansonia.....	16,634	.....	.....	.....	.....	.....	.....	.....	.....	3	.....	.....
Bristol (city & boro)	15,817	.....	4	6	3	.....	2	1	.....	.....	.....	.....
Manchester.....	15,465	.....	.....	.....	1	.....	.....	1	.....	10	s5	.....
From 10,000 to 15,000 inhabitants:												.....
Naugatuck.....	14,030	1	1	.....	4	.....	.....	.....	.....	2	.....	.....
Orange.....	13,838	.....	.....	2	1	.....	4	.....	.....	3	.....	.....
Middletown (city).....	13,208	.....	.....	.....	1	.....	2	2	.....	.....	.....	.....
Willimantic (city).....	12,605	.....	.....	.....	2	.....	2	.....	.....	1	.....	P1
Enfield.....	11,531	2	.....	.....	5	.....	.....	.....	.....	1	.....	.....
From 5,000 to 10,000 inhabitants:												.....
Wallingford (boro)	9,861	1	.....	6	.....	.....	.....	1	.....	1	.....	.....
Derby.....	9,627	.....	.....	+	.....	.....	1	.....	.....	.....	.....	.....
Middletown (town)	9,498	.....	.....	.....	1	.....	.....	.....	.....	2	.....	.....
Winchester.....	9,228	.....	.....	3	.....	.....	.....	.....	.....	.....	.....	.....
East Hartford.....	9,177	.....	.....	1	7	.....	1	2	.....	.....	.....	.....
Rockville (city).....	8,391	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....
Norwich (town).....	8,131	.....	.....	4	.....	.....	1	.....	.....	.....	.....	.....
Plainfield.....	7,857	.....	.....	.....	.....	.....	2	1	.....	.....	.....	.....
Stonington (town).....	7,556	.....	.....	2	.....	.....	.....	.....	.....	.....	.....	M +
Putnam (city & town)	7,240	.....	.....	3	32	.....	.....	.....	.....	1	.....	c2
Fairfield.....	7,121	.....	.....	.....	.....	.....	2	.....	.....	.....	.....	.....
Stratford.....	6,945	.....	.....	5	.....	.....	2	.....	.....	.....	.....	.....
Southington (town & boro)	6,890	.....	7	.....	2	.....	.....	.....	.....	3	.....	.....
Hamden.....	6,584	.....	.....	105	.....	6	1	.....	.....	2	.....	.....
Plymouth.....	6,336	.....	.....	3	1	.....	.....	.....	.....	2	.....	.....
Branford (town & boro)	6,251	.....	.....	.....	.....	.....	2	3	.....	2	.....	.....
Shelton (city).....	7,129	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....
West Hartford.....	5,781	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
Seymour.....	5,533	.....	.....	4	.....	.....	2	.....	.....	.....	.....	.....
New Milford.....	5,133	.....	.....	20	.....	.....	1	.....	.....	2	.....	.....
Glastonbury.....	5,117	.....	.....	.....	1	.....	.....	2	.....	.....	.....	.....
Meriden (town).....	5,042	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
From 2,000 to 5,000 inhabitants:												.....
Groton (town).....	4,814	.....	.....	3	2	.....	.....	.....	.....	.....	.....	.....
Milford.....	4,715	.....	.....	6	.....	.....	.....	.....	.....	.....	.....	.....
Windsor.....	4,516	.....	.....	20	.....	.....	.....	1	.....	.....	.....	M20
Darien (town).....	4,444	.....	.....	12	.....	.....	.....	.....	.....	.....	.....	.....
Westport.....	4,404	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....
Watertown.....	4,300	1	1	5	1	.....	.....	.....	.....	.....	.....	.....
Stamford (town).....	4,211	.....	.....	36	1	.....	1	.....	.....	3	.....	.....
Windsor Locks.....	4,106	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
New Canaan (town & boro)	4,085	.....	.....	.....	2	.....	.....	.....	.....	1	.....	.....
Berlin.....	3,896	.....	8	5	2	.....	1	.....	.....	.....	.....	.....
Thompson.....	3,822	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	.....
Thomaston.....	3,672	.....	.....	.....	.....	.....	2	.....	.....	1	.....	.....
Farmington.....	3,566	.....	.....	10	.....	.....	.....	.....	.....	.....	.....	.....
Salisbury.....	3,541	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....

CASES—COMMUNICABLE DISEASES (Continued)

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever	Small Pox.	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases	Other Diseases See "Notes"
Jewett City (boro)	3,502			3	3							
East Windsor	3,484				1			1				
Wethersfield	3,454				1					1		
Ridgefield (town & boro)	3,413			1								
Killingly (town)	3,401	2		12			1			1		
Plainville	3,297			1								
Sprague	3,278			1								
Waterford	3,212				4							
Portland	3,167						12					
Guilford (town & boro)	3,130				1	2						
Montville	3,049			+						2		
Danielson (boro)	3,000			+								
Litchfield (town & boro)	2,879			1								
Essex	2,874					4						
Newtown (town & boro)	2,854		8									
Simsbury	2,802									1		
Canton	2,764				7							
East Hampton	2,461					6						
East Haddam	2,385			+								c+
North Haven	2,308			1		3		1		2		
East Haven	2,171			3	1							
Ellington	2,101						1					
Mansfield	2,067			4		1	1					
Bloomfield	2,005			5+	6			1				
Groton (boro est.)	2,000			30	2							
Under 2,000 inhabitants:												
Cheshire	1,988			1								
East Lyme	1,964				2							
Haddam	1,924						1			1		
Woodbury	1,784			1	1							
Wilton	1,770									1		
Redding	1,731			1	2							
Washingtton	1,704			1								
Woodstock	1,702			30								m10
Trumbull	1,675			12								
Old Saybrook	1,566				1	3						GI
Brooklyn	1,558			+	3							
Lebanon	1,517				1							
Norfolk	1,498			7								
Beacon Falls	1,482			2			1					
Windham (town)	1,478									1		
Chester	1,473					1						
Preston	1,383									3		
Burlington	1,379			10								
New Hartford	1,376				2							
Avon	1,358				4							
Rocky Hill	1,283				1							
Old Lyme	1,181			1	1							
Clinton	1,181			2								
Brookfield	1,134									1		
Kent	1,064			2								
Oxford	1,060			1								
Monroe	978			3								
Cornwall	921			1								
Barkhamsted	865									1		
East Granby	864						1					
North Branford	844			23								
Lyme	744				5							
Bridgewater	571											c+
Bethlehem	535				1							
Franklin	516			3								
Hartland	516	3										

Bantam, Canaan, and Granby have failed to report; towns not listed reported no cases of infectious disease.

NOTE:—(s) syphilis; (G) gonorrhoea; (O) ophthalmia; (L) leprosy (c) chicken pox (m) mumps; (x) septic sore throat; (p) pellagra; (t) la grippe (A) anthrax. (E) erysipelas. (T) trachoma + few ++ epidemic.

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Line Number.	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1916.	Living Births.		Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, April 1916.	DEATHS BY AGES.		
			Living Births.	Still Births.					Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut.	1,238,723	3187	99	555	1822	17.6	17.3	288	104	516
2	Ansonia	16,634	56	1	4	19	13.7	8.7	7	...	5
3	Branford	6,251	9	2	...	10	19.1	9.6	1	1	3
4	Bridgeport	120,688	417	9	80	204	19.2	21.0	30	18	37
5	Bristol	15,817	42	...	6	20	15.1	9.2	7	1	7
6	Danbury	25,918	27	...	9	31	12.0	7.0	2	...	10
7	Derby	9,627	32	4	2	17	14.9	15.0	3	3	1
8	East Hartford	9,177	23	...	3	11	14.3	19.8	2	...	3
9	Enfield	11,531	36	1	6	11	11.4	16.9	4	...	2
10	Fairfield	7,121	17	...	4	9	15.1	17.1	1	...	3
11	Glastonbury	5,117	8	...	3	4	9.3	14.1	...	...	2
12	Greenwich	19,037	34	1	16	16	10.0	14.7	3	...	6
13	Groton	6,814	16	1	7	8	14.0	23.0	2	...	2
14	Hamden	6,584	17	...	4	9	16.4	14.7	3	1	4
15	Hartford	110,354	372	11	72	230	22.6	17.8	46	12	47
16	Killingly	6,401	15	...	5	10	16.8	16.8	1	...	5
17	Manchester	15,465	41	...	14	14	10.0	12.5	4	2	2
18	Meriden	34,088	85	4	5	38	11.6	12.4	3	3	11
19	Middletown	22,706	51	1	8	64	14.2	17.0	6	4	21
20	Naugatuck	14,030	34	1	6	9	7.6	8.6	2	1	1
21	New Britain	53,344	191	11	20	64	13.9	13.1	12	3	13
22	New Haven	148,951	445	15	101	234	17.3	18.1	44	21	49
23	New London	20,925	65	2	15	39	17.7	25.4	4	1	13
24	New Milford	5,133	12	...	...	4	9.3	9.3	...	...	2
25	Norwalk	26,778	36	...	10	41	17.9	15.8	3	1	17
26	Norwich	30,367	70	5	8	60	18.9	16.4	5	1	23
27	Orange	13,838	26	...	7	15	13.0	12.4	3	1	4
28	Plainfield	7,857	12	3	...	6	9.1	7.7	1	1	...
29	Plymouth	6,336	22	...	1	6	11.3	7.7	2	...	3
30	Putnam	7,240	18	...	8	16	26.5	9.9	2	1	5
31	Seymour	5,533	20	...	3	7	14.8	13.2	2	1	1
32	Shelton	7,129	21	...	2	10	8.4	13.6	2	...	1
33	Southington	6,890	18	...	5	12	20.8	5.2	2	...	4
34	Stafford	5,794	5	1	1	2	4.1	12.5	...	1	...
35	Stamford	34,833	85	2	14	47	14.8	17.5	6	3	11
36	Stonington	9,522	20	2	2	7	8.8	17.8	2	...	1
37	Stratford	6,945	29	2	5	11	17.2	14.0	1	1	2
38	Torrington	19,500	59	...	4	25	14.1	16.2	3	...	9
39	Vernon	9,450	17	1	4	14	17.7	24.2	1	2	3
40	Wallingford	12,446	29	...	5	13	11.5	6.8	2	1	5
41	Waterbury	86,342	249	8	35	105	13.7	15.0	23	4	21
42	West Hartford	5,781	7	2	...	11	20.7	19.0	1	...	8
43	Winchester	9,228	35	1	3	18	22.1	15.7	7	1	5
44	Windham	14,083	30	1	2	29	22.1	16.3	5	1	12
Total of above towns . . .		1,017,605	2844	92	509	1530	18.0	17.9	260	91	384
Towns of less than 5,000 . .		221,118	343	7	46	292	15.8	14.5	28	13	132

Non resident deaths in public institutions are not included in the death rates of the towns.

HEALTH FOR THE MONTH OF APRIL, 1917

FOR MARCH 1917.

DEATHS FROM IMPORTANT CAUSES.														EXTERNAL CAUSES.				Deaths of Non-residents.	Line Number.
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis.	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.			Deaths in Institutions.
6			14	2	4	14	28	145	15	92	23		298	23	87	18	6	562	207
			4			1	2	14	5	11	2		44	3	15	1	2	64	10
			1			1		3		4			4		3			14	5
			2			1		2					2		2			4	5
								2		1			2	1					
								1		1			1			1			
										1									
							1	1					3					4	
													2						
					1			15	2	7	13		1	1	6	2	1	111	22
1						1		1					51	4				1	
1													3						
							2	9		4			2	1	1				1
						1		3		3			13		2			12	5
								2					1					45	37
							3	5		4	1		10	1	3			22	2
3			3		1	3	2	13	2	12	4		42	1	14		1	99	19
					1		1			4			5		2			18	8
							2	1	1	1			7		3	1		10	1
							1	10		7			4	1	2			23	12
								2					1			1			
								1		1			1						
						1				1			3					4	
								5					1		1				1
								2					2		1			5	5
							1	1			1								
								2	1	4			8	2	4			14	4
							1						1	1					
								1		1			1			1			1
								2		1			4		2	2	1	3	2
								1					4						
1										1			2						
							1	11	2	2			12	1	8	3		37	6
										1			2		1			4	1
			1				1			1			1	1				2	1
6			12	1	3	13	19	116	15	79	22		256	22	76	15	6	507	153
			2	1	1	1	9	29		13	1		42	1	11	3		55	54

LABORATORY REPORT — APRIL.

Ira D. Joel, Acting Director.

Bacteriological examinations and analyses.

	Pos.	Neg.	Qucs.	Total
Diphtheria, diagnosis.....	27	364	—	391
Diphtheria, release.....	21	42	—	63
Tuberculosis.....	20	94	—	114
Typhoid.....	3	24	2	29
Malaria.....	1	4	1	6
Glanders.....	6	2	—	8
Rabies.....	15	1	—	16
Feces.....	—	4	1	5
Gonococcus.....	1	1	—	2
Pus (cat).....	1	—	—	1
Cerebro spinal meningitis.....		1	—	1
Syphilis.....	63	326	23	412
Milk samples examined (from 14 towns).....				220
Water samples examined.....				29
Oil samples tested.....				4
Sewage and effluents examined.....				6

Total Laboratory operations during April.....1307

METEOROLOGICAL SUMMARY—APRIL, 1917

MONTHLY SUNSHINE RECORD

Hours actual sunshine, 175.4. Hours possible, 401.1. Percentage of possible sunshine, 44.

WEATHER.

Number of days, clear.....	7
Partly cloudy.....	12
Cloudy.....	11
On which .01 inch, or more, occurred	11

Total Precipitation this month in

1906-3.58	1907-3.24	1908-2.36	1909-7.21
1910-3.15	1911-3.18	1912-3.93	1913-4.62
1914-3.84	1915-1.58	1916-2.93	1917-2.47

PRECIPITATION.

Total this month.....	2.47
Total snowfall.....	0.4
Greatest precipitation in 24 hours, on the 6-7th.....	1.10
Snow on ground end of month.....	00
Normal for this month.....	3.57
Deficiency for this month as compared with the normal.....	1.10
Accumulated deficiency since Jan. 1..	3.58

ATMOSPHERIC PRESSURE.

(Reduced to sea level; inches and hundredths.)
 Mean29.96; highest 30.37..date 4th
 Lowest 29.26..date 6th
 Mean monthly relative humidity.....67%

TEMPERATURE.

Highest...73, date 1st; lowest 26, date. 10th;
 Greatest daily range 31date 1st;
 Least daily range 5.....date 30th;
 Mean highest...53.8; lowest..... 37.0

Mean for this Month in

1906-38	1907-43	1908-48	1909-47
1910-52	1911-46	1912-47	1913-50
1914-45	1915-52	1916-46	1917-45
Mean for this month.....	45.4		
Normal for this month.....	46.7		
Absolute maximum for this month for 13 years.....	90		
Absolute minimum for this month for 13 years.....	21		
Average daily deficiency this month as compared with normal ..	1.3		
Accumulated deficiency since Jan. 1..	31		
Average daily deficiency since Jan. 1.	0.3		

WIND

Prevailing direction..... N.W.
 Total movement.....5615 miles
 Average hourly velocity..... 7.8
 Maximum velocity (in five minutes)
 35 miles per hour, from N.W. on 10th.

U. S. Department of Agriculture Weather Bureau, Hartford Station.

WILLIAM W. NEIFERT, METEOROLOGIST

We Should Economize

—————*BUT*—————

It Is Not Economy

To buy a cheap grade of milk for the baby ;

To substitute condensed milk for cows' milk ;

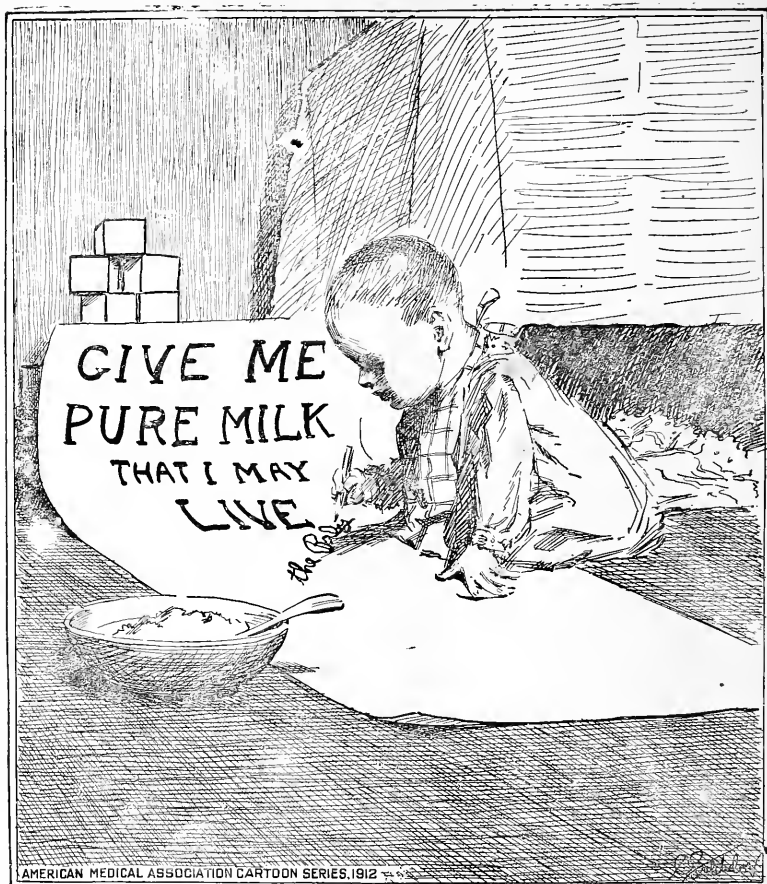
To neglect to keep milk on ice ;

To allow windows and doors to go unscreened ;

To keep windows closed to save coal ;

To delay calling a doctor when unexplained
illness occurs ;

To curtail the health officer because of extra-
ordinary expenses.



A PETITION HUMANITY MUST HEED

WHAT IS PURE MILK?

Milk from healthy cows

Milk properly handled

Milk in clean containers

Milk kept cool until used

Monthly Bulletin

Connecticut

State Board of Health

JUNE 1917



New occasions teach new duties;
Time makes ancient good uncouth;
They must upward still, and onward,
Who would keep abreast the Truth,

Lowell

Connecticut State Board of Health

HARTFORD.

Membership of the Board

EDWARD K. ROOT, M. D., President,	<i>Hartford</i>
ALBERT W. PHILLIPS, M. D.,	<i>Derby</i>
LEWIS SPERRY, Attorney at Law,	<i>South Windsor</i>
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J. FREDERICK JACKSON, M. A. S. C. E.	<i>Hamden</i>
JOHN T. BLACK, M. D., Secretary,	<i>New London</i>

Organization

Bureau of Administration	John T. Black, <i>Executive-Secretary</i>
Bureau of Laboratories	Herbert W. Conn, <i>Director</i>
Bureau of Sanitation and Engineering	J. Frederick Jackson, <i>In Charge</i>
Bureau of Vital Statistics	John T. Black, <i>Superintendent</i>
Bureau of Preventable Diseases	} Organization not complete; under supervision of Executive Secretary.
Bureau of Registration and Licenses	
Bureau of Publicity & Education	
Bureau of Supplies and Biologic Products	

Address all communications to

The Secretary, Connecticut State Board of Health, Hartford, Conn.

This Bulletin free to any citizen of Connecticut for the asking.

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MONTHLY BULLETIN

Connecticut State Board of Health

All communications should be addressed to the Secretary—Hartford, Conn.

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HARTFORD, JUNE 22, 1917

Full Series, Vol. XXXI, No. 6

DANGER !

The health of the troops of all nations now at war is being preserved as never before. Unlimited data could be presented to demonstrate the wonderful efficacy of preventive medicine.

The contrast between the medical preparedness of our army to-day and the Spanish war in 1898 is convincing.

A division with a mean strength of 10,759 men was camped at Jacksonville for four months in 1898. There were 1729 cases of positive typhoid and 949 cases of fever, probably typhoid; with 248 deaths from typhoid and 281 from all other illnesses. Total deaths from illness 529.

A division with a mean strength of 12,801 men was camped at San Antonio for four months in 1911. But one case of typhoid developed and only eleven deaths occurred from all illnesses during that period.

Connecticut has a military organization known as "The Home Guards," practically none of whose members are vaccinated against typhoid and who, if called into active service, as is very likely to be the case, will be in the same unprepared state as were our troops in 1898.

Even practice marches and training camps will greatly endanger these loyal men unless they are promptly vaccinated.

There is real danger in delay and if typhoid vaccination of all state troops is not soon made a military requirement, every individual home guardsman is urged to avail himself of this sure and safe protection.

YOUR FAMILY DOCTOR

Thousands of doctors will go into military service during the next few months. Many people will not realize until their family physician has gone how much they have depended upon his skill and judgment for their well being

The perplexing question will be, "Whom shall we have for a doctor or what shall we do?" Naturally many will not decide this question until trouble arises and here is where mistakes will be made which may prove most unfortunate.

Rather than consult a strange doctor some will endeavor to tide over with patent medicines with the result that serious disorders will get such a headway that they cannot be checked. Others will try to get along without a physician until they find the malady well developed and too late for a doctor, when called, to render material assistance. It is believed that the excessive deaths among children in the countries abroad, during the first year of the war, were in a great measure due to tardiness in calling physicians. We should heed good advice and not sacrifice our children because of indecision nor jeopardize our own health by gambling with patent medicines.

Not all the good doctors will go to war and those at home will be kept very busy with the added duties. Many of these doctors are arranging to share their fees with their brothers in the service and by so doing are rendering patriotic service. An over-worked doctor cannot render as satisfactory service as he might if not tired out. There are many doctors over-worked because of the thoughtlessness of their patients and we take the liberty of offering these suggestions:

1. Do not wait until evening or night to call your doctor when you could have called him earlier.

2. When calling a doctor do not send the message to come "at once" unless the case is urgent.

3. Leave for the doctor an idea of the service required, whether medical, surgical or otherwise.

By calling the doctor early in the day he will be able to arrange his calls so that he will not have to travel the same ground over several times during the day, enabling him to respond to all calls more promptly and to attend to a larger number of patients. Unwarranted calls for the doctor to come "at once" always disconcert the busy doctor and may deprive another seriously ill of the immediate attention he or she was about to receive. Stating the nature of the illness or injury when calling a doctor enables him to come prepared to render his best service at once. He cannot carry all of his instruments and drugs to every case.

Conservation along all lines is being urged but do not forget the doctor, he is human, his labors are arduous and must be conserved if the life and health of the community are to be maintained.

HOW OLD ARE YOU ?

Never in the history of this country has this question been of such vital interest to so many people as it is to-day, June 5, 1917.

Never before has the United States Government been so deeply interested in knowing the exact ages of the young men of the land.

So that never before has the public mind been so ready to grasp the great importance of complete birth registration.

In ordinary times as the years go by and problem after problem is taken up and settled our civilization grows; and the more rapidly these problems are taken up and settled the more rapidly this civilization grows.

In ordinary times the continual demands upon our attention first by one problem and then by another easily explains the temporary sidetracking in so many states of the problem of COMPLETE BIRTH REGISTRATION. It is not because the people believe birth registration unimportant, but the problem has simply been crowded to one side until a more favorable day.

When the story is told of the American arrested in London as a German spy, unable to obtain a birth certificate because his birth had never been recorded and because the doctor had died, but finally saved by the discovery of an old letter which told of his birth, the people grasp the point and agree that births should be registered; but as the story relates to somebody far away, somebody unknown, and probably never heard of before, the point is soon forgotten and no wave of strong public opinion is ever really started. So too the statements that birth records are needed to prove men of voting age, to establish old age pensions and pensions for the children of soldiers, to establish rights of inheritance, to determine how efficiently the states are protecting the health of the children, and to determine who is entitled to the protection of OUR FLAG — these statements are too apt to be treated as old axioms which call for no immediate reform.

The need for complete birth registration is recognized but the inertia of the people still prevails.

Thus in ordinary times the problems of civilization are settled slowly, but not so in time of war or after great catastrophes. Then the emergency or bitter experience brings quick results.

The city devastated by fire is so rebuilt as to guard against a second conflagration.

The terrible loss of life which follows overloading an excursion steamer soon results in more stringent laws and in greater safety for future travelers.

And to-day — this WAR CALL for the registration of our young men brings home the need of birth records to every community and to almost every family in the United States. *Bureau of the Census — Washington.*

BETTER SANITATION NEEDED IN RURAL SCHOOLS

In the interests of efficiency and health there is increasing necessity for the application of scientific medical and sanitary knowledge to the administration of the public schools, in the opinion of the Public Health Service.

In general, the faults observed in rural schools, the annual report of the Service declares, are due to a lack of skilled advice, especially in regard to the location, construction and equipment of school buildings and disregard of sanitary principals governing water supplies, the disposal of sewage, ventilation, temperature, illumination, and the arrangement of school desks and blackboards. During the past fiscal year surveys have been made in rural districts of several states and many thousand school children have been examined. These examinations have included thorough testing of the eyes by competent oculists, tests of mental capacity, and the effect of sanitary environment on school progress, as well as inspections for the customary physical defects.

The conclusion is reached that there is great need for improvement in rural schools and that communities themselves will benefit if conditions are bettered, the schools serving as object lessons for surrounding sections. Conditions in country districts have been found below those in the cities and it is apparent that organized health work has largely been confined to the latter. Considered from a sanitary standpoint alone the Public Health Service is in favor of the consolidation of rural schools, since it must eventually result in the providing of better buildings and the organization of systems of efficient sanitary inspections.

TOBACCO HEART

The Institute of Hygiene reports that James the First declared that "No man can be thought able for service in the wars who cannot endure the want of tobacco," for in those days smoking was considered "alien to all military fitness." How does the spending of millions in the consumption of tobacco, tally with recent calls to thrift by England. "Not only must the nation avoid the consumption of non-essentials, but must even restrict the consumption of essentials to the limits of efficiency."

Is tobacco an essential? Does it feed the body, purify the blood, or increase the mental or physical efficiency? There are such things as tobacco cancer, tobacco blindness, tobacco heart, the mention of which reminds me that in the medical world there is, now, much professional difference of opinion as to the cause of heart troubles among soldiers, the key to which may be the use of tobacco.

Before our smokers used tobacco they never craved it, or felt any need for it. Like the vodka, if they gave it up long enough, they would cease to desire it. The excuses offered for the use of tobacco are weak, same as all others that are made for the indulging of the various depravities of the age—*Leigh Hunt Wallace, England.*

CHAPTER 361

AN ACT RELATING TO FACTORY WASTE

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. The state board of health, acting with the persons to be appointed under the provisions of this act, is authorized to make such investigations and employ such expert assistance as may be necessary to enable it to carry out the provisions of section nine of chapter 284 of the public acts of 1915, concerning pollution of the waters of this state.

Sec. 2. To assist the state board of health in carrying out the provisions of section one of this act, the governor shall, within sixty days after the passage of this act, appoint five persons to act with the state board of health in such investigations. At least two of such persons shall be men recognized as experienced in sanitation, and at least two of such persons shall be manufacturers. The persons appointed under the provisions of this act shall serve without compensation.

Sec. 3. For the purpose of this act the sum of twenty-five thousand dollars is appropriated out of any money in the treasury not otherwise appropriated.

Sec. 4. This act shall take effect from its passage.

CHAPTER 220

AN ACT CONCERNING THE DISPOSAL OF SEWAGE IN INLAND AND TIDAL WATERS

Be it enacted by the Senate and House of Representative in General Assembly convened:

Section 1. Section two of chapter 284 of the public acts of 1915 is amended to read as follows: The state board of health may investigate all points of sewage discharge and may examine all existing or proposed public sewage systems and refuse disposal plants, and may compel their operation in a manner which shall protect the public health, or may order their alteration extension and replacement by other structures when necessary for the protection of the public health. After the passage of this act no public sewerage system or refuse disposal plant shall be built until the design of the same has been filed with the state board of health and approved by said board.

Sec. 2. Section three of said act is amended to read as follows: No person, corporation or municipality shall place or permit to be placed or discharge or permit to flow into any of the waters of the state, any sewage, as hereinafter provided. The provisions of this act shall not prevent the discharge of sewage from any private sewerage system or any public sewerage

system owned and operated by a municipality, provided such sewerage system was in operation and was discharging sewage into the waters of the state or was in process of construction, on the date of the passage of this act, or to any sewerage system for which the plans shall have been submitted to and approved by the state board of health; nor shall the provisions of this act prevent the discharge into the waters of the state of sewage from any existing plant or sewerage system owned and maintained by any person or private corporation; but these exceptions shall not permit the continuance or increase of any pollution of the waters of the state which is prejudicial to the public health.

Sec. 3. This act shall take effect from its passage.

CHAPTER 280

An Act amending an Act concerning the Bottling and Sale of Drinking Water

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section one of chapter 184 of the public acts of 1915 is amended to read as follows: Any person engaged in the business of bottling drinking water shall apply to the state board of health for a license, stating the location of the spring or other source from which water is to be taken and sold and the location of the premises where such business is to be conducted. Said board shall cause an examination of the water to be made, and if it finds the same free from contamination and the premises where such bottling is to be done, in a sanitary condition, with the proper facilities for cleansing and sterilizing all bottles used, it may grant a license for one year to the person making such application, upon payment of a license fee of ten dollars. Such license may be renewed annually upon payment of a fee of five dollars. Said board may revoke such license at any time, upon examination, when the water sold by such license is shown to be polluted, or the premises where such water is bottled, to be unsanitary.

Sec. 2. Any person engaged in the business of manufacturing and selling bottled soda water, ginger ale or other beverages which are composed in part of raw or unboiled water shall, if such raw or unboiled water is not obtained from a public water supply which is under the supervision of the state board of health, comply with the provisions of section one of this act.

Sec. 3. The state board of health may forbid the sale of any bottled drinking water, soda water, ginger ale, or other beverages partly composed of raw or unboiled water which is procured or bottled outside of the state, if, in its judgment, said bottled goods are or may be prejudicial to public health.

Sec. 4. The state board of health shall have the right to seize and destroy any bottled waters or beverages composed wholly or in part of raw or unboiled water if such bottled goods are offered for sale in violation of any of the provisions of this act.

CHAPTER 327

**An Act concerning the Control of Boards of Health over
Jointly Owned Lands**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Any board of health or town health officer may, upon the written complaint of any person having an interest in any land, cause the removal of refuse rubbish from such land and shall apportion the expenses of such removal among the co-owners, provided the cost of removal of any refuse and rubbish caused by the alteration or erection of any structure on such land shall be charged to the owner or owners causing such alteration or erection.

CHAPTER 199

An Act concerning the Registration of Births.

Be it enacted by the Senate and House of Representatives in General Assembly Convened:

Section 1861 of the general statutes as amended by chapter 91 of the public acts of 1907 is amended to read as follows: Every physician or midwife who shall have professional charge of the mother at the birth of any child, and every attendant who may act as midwife at such time, when no physician is employed, shall, within five days after such birth, furnish the registrar of the town wherein such birth may have taken place a certificate, signed by such physician, midwife or attendant, and stating, from the best information obtainable, the name, if such child have a name, the place and date of birth, the sex, the name of the father, the maiden name of the mother, the age, color, residence and birthplace of each of the parents, the occupation of the father, the number of the child and the name and address of the medical attendant.

MORTALITY SUMMARY — MAY.

Total Deaths for May	1,820	Death rate . . .	17.6
Average death rate for May 1st five years			14.9
Annual death rate 1916			16.3
Deaths from communicable diseases			258
Per cent of total deaths			14.2
Deaths under one year 267	Rate per thousand births . .		88

CASES—COMMUNICABLE DISEASES

REPORTED BY LOCAL HEALTH OFFICERS

MAY 1917

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases See "Notes"	Other Diseases See "Notes"
STATE—TOTAL	1,238,723	23	55	1430 +	140	140 +	142	48	5	173	55	161 +
Over 50,000 inhabitants:												
New Haven.....	148,951	5	2	573	6	5	16	4	1	24		
Bridgeport.....	120,688	1		125	14	1	8	1		24	G14	
Hartford.....	110,354	2	1	78	32	18	33	27		24	G24 s2	
Waterbury.....	86,342		8	4	15		15	2		14		
New Britain.....	53,344		1	8	9	2	2	4		6	G1	
From 25,000 to 50,000 inhabitants:												C M
Stamford (city).....	30,622			189	7	18	2		1	8		9 143
Meriden (city).....	29,046			3	2		1			2		
Norwalk.....	26,778	4	2	20	3		3			3		
From 15,000 to 25,000 inhabitants:												
Danbury (city).....	22,452						2			1		
Norwich (city).....	22,236			24	4		4			3		
New London.....	20,925			20	1	76	1			4		
Greenwich (town & boro).....	19,037	1		7	8	5	1			2		
Torrington (boro).....	18,000			3	2		2			1		
Ansonia.....	16,634			8						3		
Bristol (city & town).....	15,817		2	3	3		1			2	s1	
Manchester.....	15,465			2			3			9		
From 10,000 to 15,000 inhabitants:												
Naugatuck.....	14,030				1		1	1	1			
Orange.....	13,838			12			5			1		
Middletown (city).....	13,208			3								o1
Willimantic (city).....	12,605						2			1		
Enfield.....	11,531	1		2	3		1			1		
From 5,000 to 10,000 inhabitants:												
Wallingford (boro).....	9,861		1	10		1	3			3	s1	
Derby.....	9,627			20						2		
Middletown (town).....	9,498									1		
Winchester.....	9,228		1	1								
East Hartford.....	9,177				3							
Rockville (city).....	8,391									1		
Norwich (town).....	8,131				2					3		
Plainfield.....	7,857						2			2	s3	
Stonington (town).....	7,556			1								
Putnam (city & town).....	7,240			6						1		
Shelton (city).....	7,129			+	2		1			1		
Fairfield.....	7,121			1						1		
Stratford.....	6,945			24			1	1				
Southington (town & boro).....	6,890		7	1	2				1	1		
Hamden.....	6,584			15	1	1				2		
Branford (town & boro).....	6,251					1			1			
West Hartford.....	5,781			1	2		2					
Seymour.....	5,533						2			1		
New Milford.....	5,133			12						1		
Glastonbury.....	5,117	1		2								
Meriden (town).....	5,042				1							
From 2,000 to 5,000 inhabitants:												
Groton (town).....	4,814					2	1				G1 s2	
Milford.....	4,715			11	1					1		
Windsor.....	4,516			10			1	2				
Darien.....	4,444			16			3			1		
Westport.....	4,404			3								
Watertown.....	4,300				1							
Stamford (town).....	4,211			85		1	1					
New Canaan (town & boro).....	4,085			5	4					1		M4
Suffield.....	4,033				2					1		
Berlin.....	3,896		22	2			1					
Thompson.....	3,822						2					
Thomaston.....	3,672			1								
Farmington.....	3,566			30								
Jewett City (boro).....	3,502	3										
Danbury (town).....	3,466	1		1								
Wethersfield.....	3,454				1		2			1		

CASES—COMMUNICABLE DISEASES (Continued)

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever	Small Pox.	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases	Other Diseases See "Notes"
Ridgefield (town & boro)	3,413						1			1		
Killingly (town)	3,401			+								
Plainville	3,297							12			G1	
Sprague	3,278			1								
Waterford	3,212					+				1		
Portland	3,167						16					
Guilford (town & boro)	3,130			2								
Montville	3,049			+								
Danielson (boro)	3,000			+								
Newtown	2,854			3								
Simsbury	2,802											x1+
Canton	2,764			5+	1	3	1			1		c1
South Windsor	2,393							1				
North Canaan	2,391										G2	
North Haven	2,308			1	1							
East Haven	2,171						1			1		c1
Saybrook	2,070			2								
Groton (boro est.)	2,000		1	2								
Under 2,000 inhabitants:												
Stonington (boro)	1,966			1								
East Lyme	1,964			1	2							
Haddam	1,924			5+								
Sharon	1,819										G1	
Woodbury	1,784									1		
Redding	1,731			3	2							
Washington	1,704			7								
Woodstock	1,702	1		+								
Somers	1,689			1								
Trumbull	1,675			1								
Harwinton	1,576						1			1		
Old Saybrook	1,566					6				1		
Lebanon	1,517			1								
Torrington (town)	1,500		1									
Norfolk	1,498			4								
Chester	1,473										M+	
Preston	1,383									6		
Burlington	1,379			4								
New Hartford	1,376			2								
Avon	1,358			10								
Rocky Hill	1,283				1							
Willington	1,248			1								
Southbury	1,230		4									
Old Lyme	1,181			13								
Clinton	1,181			2								c1
Tolland	1,180											
Griswold (town)	1,177	2										
Brookfield	1,134									1		
Easton	1,107			2								
Kent	1,064			3	1							
Oxford	1,060		2									
Colchester (boro)	1,050				1							
Monroe	978			3								
Cornwall	921			+								
Lisbon	900			1								
Bozrah	898			1								
Middlebury	896			1			1					
Barkhamsted	865			1								
Hebron	821										G2	
Killingworth	646			5								
Canaan	632	1								1		

Beacon Falls, Goshen, North Branford, Plymouth, Roxbury, Scotland, and Wallingford (town); towns not listed, reported no cases of infectious diseases.

NOTE:—(S) syphilis; (G) gonorrhoea; (O) ophthalmia; (L) leprosy (C) chicken pox (M) mumps; (X) septic sore throat; (P) pellagra; (I) la grippe (A) anthrax. (E) erysipelas. (T) trachoma + few ++ epidemic.

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Line Number.	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1916.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, May 1916.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut.	1,238,723	2973	113	1456	1820	17.6	16.3	267	121	492
2	Ansonia	16,634	58	3	14	23	16.5	15.3	6	1	4
3	Branford,	6,251	8	1	1	6	11.5	15.4	3	...	2
4	Bridgeport,	120,688	386	13	189	186	17.2	20.0	27	19	26
5	Bristol,	15,817	44	1	20	18	13.6	10.8	4	1	4
6	Danbury,	25,918	35	1	25	31	12.5	12.6	1	1	11
7	Derby,	9,627	50	...	14	27	23.6	16.3	5	2	1
8	East Hartford,	9,177	16	...	10	12	14.3	13.2	2	1	3
9	Enfield,	11,531	28	...	13	13	11.4	13.7	3	...	3
10	Fairfield,	7,121	23	1	5	11	18.5	11.9	3	1	4
11	Glastonbury,	5,117	4	1	6	7	16.4	14.1	...	...	4
12	Greenwich,	19,037	38	...	27	27	17.0	12.8	5	1	9
13	Groton,	6,814	8	...	9	5	8.8	8.0	...	...	5
14	Hamden,	6,584	23	3	5	13	23.6	11.0	3	...	6
15	Hartford,	110,354	364	21	190	229	20.4	17.6	36	16	43
16	Killingly,	6,401	17	1	10	9	16.8	26.1	3	...	4
17	Manchester,	15,465	46	3	19	21	15.5	9.4	3	2	6
18	Meriden,	34,088	89	4	22	46	13.3	14.8	5	6	10
19	Middletown,	22,706	36	...	23	48	12.1	9.6	3	2	16
20	Naugatuck,	14,030	25	...	10	5	4.2	8.6	1	...	2
21	New Britain,	53,344	157	6	40	61	13.2	13.5	16	7	10
22	New Haven,	148,951	407	14	226	259	17.4	14.8	34	25	71
23	New London,	20,925	53	3	32	44	21.2	13.2	5	2	14
24	New Milford,	5,133	12	...	3	7	16.3	25.7	...	...	5
25	Norwalk,	26,778	62	1	25	28	12.3	10.8	4	3	9
26	Norwich,	30,367	69	3	36	60	20.9	13.9	7	1	27
27	Orange,	13,838	27	...	12	15	11.2	12.4	2	1	5
28	Plainfield,	7,857	14	...	7	14	21.3	7.7	...	...	5
29	Plymouth,	6,336	11	...	1	9	17.0	5.8	3	...	1
30	Putnam,	7,240	19	...	8	17	21.5	11.5	1	1	6
31	Seymour,	5,533	17	2	8	7	15.1	6.6	3	...	2
32	Shelton,	7,129	18	...	9	19	25.2	15.3	3	3	5
33	Southington,	6,890	19	2	4	12	20.9	14.0	4	...	2
34	Stafford,	5,794	10	...	5	8	10.3	10.4	1	1	3
35	Stamford,	34,833	66	...	70	56	16.8	10.9	9	3	14
36	Stonington,	9,522	13	1	16	16	20.1	11.3	2	...	7
37	Stratford,	6,945	22	...	16	6	8.6	22.9	1	...	2
38	Torrington,	19,500	47	2	19	20	12.3	14.4	2	...	4
39	Vernon,	9,450	16	...	9	9	10.1	6.3	...	...	2
40	Wallingford,	12,446	28	1	8	23	22.1	12.6	3	1	15
41	Waterbury,	86,342	218	8	106	104	12.7	15.7	24	10	10
42	West Hartford,	5,781	17	1	8	11	22.8	29.6	1	1	4
43	Winchester,	9,228	27	...	15	16	16.9	15.7	3	1	6
44	Windham,	14,083	30	...	17	24	17.8	16.3	...	2	6
Total of above towns, . . .		1,017,605	2677	98	1312	1562	18.4	16.8	241	115	398
Towns of less than 5,000, . .		221,118	296	15	144	258	14.0	13.8	26	6	94

Non resident deaths in public institutions are not included in the death rates of the towns.

HEALTH FOR THE MONTH OF MAY, 1917

FOR APRIL 1917.

DEATHS FROM IMPORTANT CAUSES.														EXTERNAL CAUSES.				Deaths In Institutions.	Deaths of Non-residents.	Line Number.
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Group.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.			
6			23	2	2	15	20	157	45	91	28	5	257	30	98	24	9	538	224	1
			2			2		1		1			2	2	2					2
								1				1								3
								18	5	9	2		36	4	13	4	1	64	13	4
								2								1				5
								1		3			1			2	1	9	4	6
			2					3	2				1		4		1	12	6	7
								1		1	1		1		1				1	8
													2		2				2	9
						1		1	1				1							10
													2							11
								1		1			1	1	2			4		12
										1			1							13
2						2	1	2					2							14
								1									1			15
								1	1	1			6		1	1			1	16
								1					7	1	2					17
1					1	1		13	1	2			12		1			14	8	18
								5	1				10					28	25	19
													10	4	6			17	2	21
3			10			1		14	8	15	5	1	29	3	11	2	3	92	22	22
						1	2	3		2			3	2	2			16	7	23
								1					2			1				24
						2		1		2			2		1	1		5		25
			1			1	2	4		3			5		1			20	7	26
								1	1				1		1				2	27
													4							28
								2		2			2							29
								2					2		2			3	4	30
								1		1				1						31
								1												32
								2					2					4	4	33
								2		1			2			1	1			34
													1					5	3	35
			1		2	1		3	1	2		1	9		5			20	7	36
										2			3		2					37
						1		3		1			2	1					1	38
								1	1	1			2		1	2	1	6		39
										2										40
								1		2			6					5		41
						2	1	9	3	3	2		15	3	6	2		39	12	42
								1						2				3		43
									1	1			1		1			5	3	44
6			19	2	2	14	15	125	42	71	25	4	227	27	88	24	9	508	180	
			4			1	5	32	3	20	3	1	30	3	10			30	44	

LABORATORY REPORT — MAY

Ira D. Joel, Acting Director

Bacteriological examinations and analyses

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis.....	30	231	2	263
Diphtheria, release.....	26	59	2	87
Syphilis.....	84	532	23	639
Tuberculosis.....	23	108	—	131
Typhoid.....	5	35	6	46
Malaria.....	1	7	—	8
Gonococcus.....	6	—	—	6
Meningococcus.....	—	1	—	1
Rabies.....	10	—	—	10
Glanders.....	7	2	—	9
Milk samples examined (from 17 towns).....				315
Water samples examined.....				48
Oil samples tested.....				3
Sewage and effluents examined.....				4

Total Laboratory operations during May..... 1570

METEOROLOGICAL SUMMARY—MAY, 1917

MONTHLY SUNSHINE RECORD

Hours actual sunshine, 153.4. Hours possible, 451.8. Percentage of possible sunshine, 34.

WEATHER.

Number of days, clear.....	6
Partly cloudy.....	10
Cloudy.....	15
On which .01 inch, or more, occurred	13

Total Precipitation this month in

1906-4.60	1907-3.35	1908-6.52	1909-1.99
1910-2.49	1911-1.22	1912-4.59	1913-3.09
1914-2.71	1915-2.53	1916-3.14	1917-3.66

PRECIPITATION.

Total this month.....	3.66
Total snowfall.....	T
Greatest precipitation in 24 hours, on the 28-29th.....	1.50
Snow on ground end of month.....	00
Normal for this month.....	3.54
Excess for this month as compared with the normal.....	0.12
Accumulated deficiency since Jan. 1 ..	3.46

ATMOSPHERIC PRESSURE.

(Reduced to sea level; inches and hundredths.)

Mean	29.82; highest 30.28..date 31st
Lowest	29.53..date 12th
Mean monthly relative humidity.....	65%

TEMPERATURE.

Highest..80, date 20th; lowest 34, date 5th;	
Greatest daily range 29	date 20th;
Least daily range 7.....	date 27th;
Mean highest...59.1; lowest.....	42.9

Mean for this Month in

1906-59	1907-53	1908-61	1909-58
1910-58	1911-63	1912-60	1913-58
1914-61	1915-56	1916-59	1917-51

Mean for this month.....	51.0
Normal for this month.....	57.5
Absolute maximum for this month for 13 years.....	94
Absolute minimum for this month for 13 years.....	32
Average daily deficiency this month as compared with normal	6.5
Accumulated deficiency since Jan. 1..	2.31
Average daily deficiency since Jan. 1.	1.15

WIND

Prevailing direction.....	N.W.
Total movement.....	6214 miles
Average hourly velocity.....	8.4
Maximum velocity (in five minutes) 36 miles per hour, from N.W. on 10th.	

U. S. Department of Agriculture Weather Bureau, Hartford Station.

WILLIAM W. NEIFERT, METEOROLOGIST

State Department of Health

Governor Holcomb announces the following appointments as we go to press:

COMMISSIONER OF HEALTH

(For Six Years)

JOHN T. BLACK, M.D.

PUBLIC HEALTH COUNCIL

(For Six Years)

EDWARD K. ROOT, M.D.

LEWIS SPERRY

(For Four Years)

C. E. A. WINSLOW, M.S.

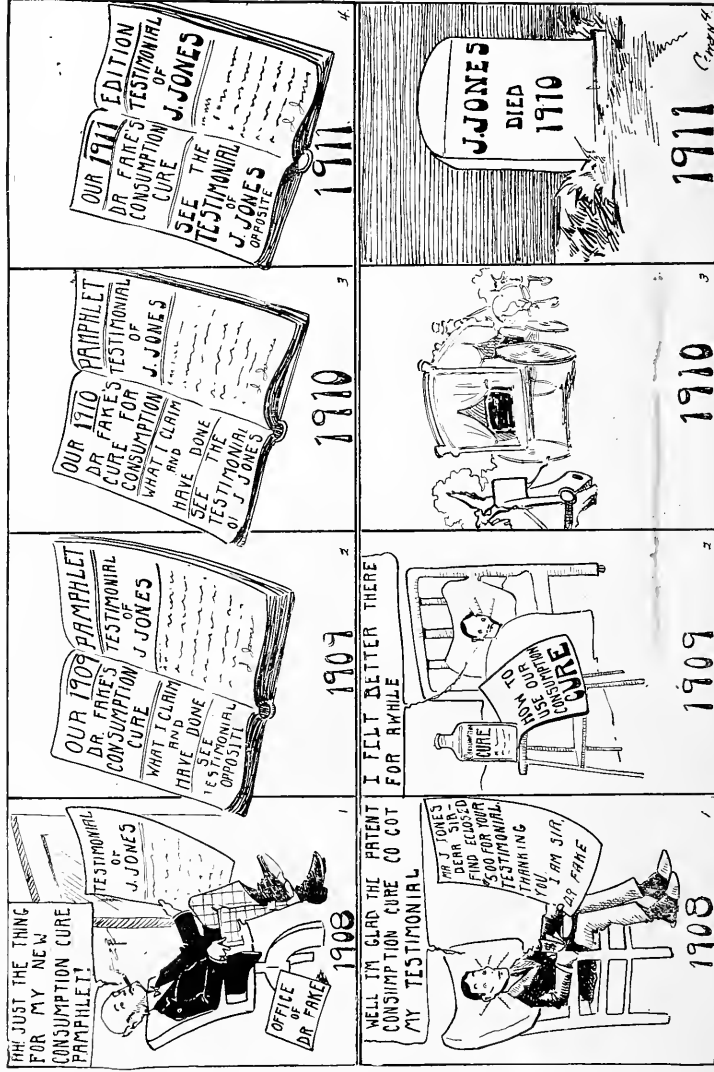
WALTER H. BROWN, M.D.

(For Two Years)

J. FREDERICK JACKSON, C.E.

JAMES A. NEWLANDS, B.S.

Which Guarantee Sounds Honest?



PATENT

MEDICINES

Do

Good

SOMETIMES

More

Often

They

Do

Harm

DOCTORS

Do

Good

Quite

OFTEN

Seldom

They

Fail

To

Help

Patent Medicines Guarantee a "Cure"

Doctors Guarantee to "do their Best"



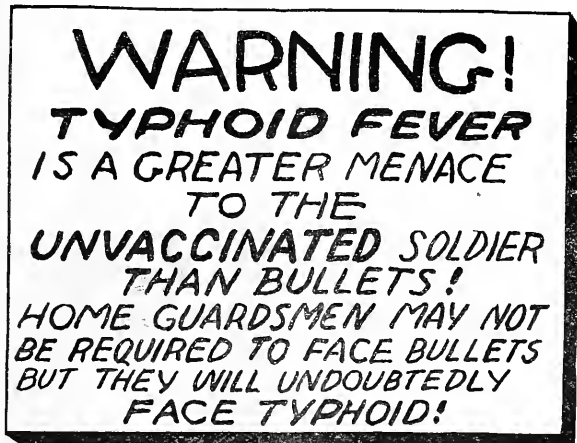
Connecticut Health Bulletin

Issued Monthly by

The State Department of Health

JOHN T. BLACK, M. D., *Commissioner*

JULY, 1917



THE STATE DEPARTMENT OF HEALTH

HARTFORD, CONNECTICUT

COMMISSIONER

JOHN T. BLACK, M. D.

DIRECTOR — BUREAU OF VITAL STATISTICS
DIRECTOR — BUREAU OF LABORATORIES C. J. BARTLETT, M. D.
DIRECTOR — BUREAU OF PREVENTABLE DISEASES
DIRECTOR — BUREAU OF SANITARY ENGINEERING

PUBLIC HEALTH COUNCIL

EDWARD K. ROOT, M. D. HARTFORD
LEWIS SPERRY HARTFORD
C. E. A. WINSLOW, M. S. NEW HAVEN
WALTER H. BROWN, M. D. BRIDGEPORT
J. FREDERICK JACKSON, C. E. NEW HAVEN
JAMES A. NEWLANDS, B. S. HARTFORD

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PUBLIC HEALTH COUNCIL
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HENRY R. BUCK HARTFORD
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STATE CAPITOL

HARTFORD

Telephone—Charter 577

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HARTFORD, JULY 20, 1917

No. 7

A NEW ERA

Connecticut is entering a new era in health activity. The State Board of Health, which has well served its purpose, has been superseded by a Department of Health, adapted to meet modern conditions.

Rapid and cheap transportation, the shifting of population to the centers and the changes in social conditions, brought on by foreign immigration and modern customs require alteration in health administration. Discoveries in science and medicine have also contributed to the necessity for improved methods.

Before the days of the automobile the state took little interest in its highways, each town built and maintained its roads as it saw fit. Upon the introduction of the automobile, it soon became apparent that state regulation was essential for safety and economy. Just so with the control of health.

Now, both Highway and Health state departments have been provided to render the service demanded by present-day conditions, and to relieve local communities of excessive burdens.

It will require time for the new Department of Health to get under way, but as the work develops, it will be realized by all that the whole scheme is one of cooperation and coordination. Health officers particularly will appreciate the fact that they will be enabled to accomplish greater results and at the same time be relieved of many of the unpleasant features of the work in the past.

With the organization provided for by the legislature and the most excellent Advisory Council appointed by the Governor, there is no reason why the health officers of the state with the Commissioner and his staff cannot make Connecticut as healthy and prosperous as any state in the Union.

THE NEW BUREAU OF LABORATORIES

The Commissioner takes great pleasure in announcing the appointment of Prof. Charles J. Bartlett as Director of the Bureau of Laboratories, State Department of Health.

Dr. Bartlett has been Director of the Pathological Laboratory at Yale University for many years and is a well known leader in laboratory work.

We feel particularly fortunate in securing the services of Dr. Bartlett for this important position.

P. E. Bransfield, Ira D. Joel, Ira V. Hiscock and George E. Stookey, chemists and bacteriologists who served with Prof. Conn have, on the recommendation of Dr. Bartlett, been appointed as his assistants.

Removal of the present Laboratory from Middletown to New Haven, at the Agricultural Experiment Station, is contemplated. Ample notice will be sent to health officers and physicians when the date of removal is determined.

THE VALUE OF COOPERATION

Last year a girl who had been exposed to smallpox, came into Connecticut without the knowledge of the health authorities. She developed the disease and exposed many others. An epidemic causing considerable inconvenience and a large financial loss was the result.

Last week an unvaccinated man left a house in Minnesota where smallpox existed and came to his home in Connecticut. The day after his arrival word was received from the health authorities of Minnesota stating the circumstances of his departure and giving his home address. The man has been located, vaccinated and will be kept under observation until all danger has passed.

Many health officers in the state take pains to notify outside towns when persons exposed to a communicable disease evade or violate quarantine, and leave their jurisdictions. But there are still many who feel their responsibility ceases when a person gets beyond their own boundaries.

All health officers are urged to cooperate fully with other towns and states, not only by notifying them of exposed or infected individuals leaving the locality, but also by notifying them of cases found in their territory whom they have reason to believe were infected elsewhere.

Act promptly in such matters and if any health officer has difficulty in securing information or cooperation this department will be glad to assist.

CARE OF FOOD IN SUMMER

Health authorities endeavor to insure a pure and wholesome food supply. Summer diarrhoea, ptomaine poisoning and indigestion are less frequent complaints than formerly—but not as infrequent as they should be. Enlarged and improved food inspection would improve conditions greatly. More illness is now caused and more food is wasted because of improper care of food in the home.

The most serious damage to food in the home comes from foul and neglected ice boxes or refrigerators. Because of their heavy construction and usual location in a dark corner refrigerators are often overlooked. Dishes overturn or are pushed out of sight and are not discovered until the contents are well along the road to putrefaction. Every housewife or caterer should daily inspect the ice box and require it to be thoroughly and frequently cleansed. Do not entrust this responsibility to employees—see to it yourself that all is ship shape, sweet and clean.

Food that is kept to be “warmed over” should be carefully examined before using, for in certain weather, foods like fish and cooked potatoes will sour in a very short time, especially if the ice “gets low”.

Many foods are now secured in tins which are excellent containers until opened; once opened the contents should be entirely removed and not replaced. Ptomaine poisoning frequently results from the keeping of food in open tins.

The danger to food from flies is well known. No one can afford to go without screens even in war time—a screen may save the baby from cholera infantum, or the mother from typhoid.

More illness results from eating improper food, or food improperly kept than from any other cause. Keep an eye on the pantry!

NOTES

Ground has been broken in Bridgeport for a Welfare Building which will cost \$200,000. It will house the Health and Charity Departments of that progressive city. It will be the best paving building in Bridgeport—watch it.

Waterbury is shaking off its smallpox epidemic. Eighty per cent of its citizens have decided to protect themselves by vaccination. At the outbreak of the trouble, only forty per cent were vaccinated. *

The enterprising Chamber of Commerce of Putnam has aroused sufficient interest in health matters to secure a health survey of the city. “Seeing ourselves as others see us” usually brings results and we expect to see Putnam with a progressive health organization before long.

Dr. W. R. Munson, health officer of Simsbury reports observing pellagra among the negro tobacco laborers recently imported from the South. Pellagra is not quarantined but it should be reported to the health officer to be forwarded to this department for study and statistical purposes.

To serve on the Social Hygiene Commission, the Governor has appointed the following:

Doctors Henry F. Stoll, Hartford; Charles C. Burlingame, Manchester; T. Eben Reeks, New Britain; Mr. Eliot Watrous, New Haven, and Miss Edith Madeira, Waterbury.

The personnel of the recently appointed Committee on Hygiene and Sanitation of the Connecticut Council of Defense is as follows:

Dr. Chas. C. Godfrey, Chairman		Bridgeport
Dr. John T. Black	Commissioner of Health	Hartford
James A. Newlands	Sanitary engineer	Hartford
Dr. H. T. Brownlee	Fairfield County	Danbury
Dr. R. A. McDonnell	New Haven County	New Haven
Dr. G. N. Lawson	Middlesex County	Middle Haddam
Dr. John G. Stanton	New London County	New London
Dr. R. C. White	Windam County	Willimantic
Dr. John F. Dowling	Hartford County	Hartford
Dr. T. F. Rockwell	Tolland County	Rockville
Dr. Elias Pratt	Litchfield County	Torrington

NEW LAWS

CHAPTER 242

An Act concerning the Production and Marketing of Milk

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. The dairy and food commissioner, the attorney general, the secretary of the state board of health, the secretary of the state board of agriculture and the secretary of the Connecticut dairymen's association shall constitute a milk regulation board. Said board shall keep a record of its proceedings and may appoint officers and prescribe their duties. Said board shall have an office with the dairy and food commissioner.

Sec. 2. Said board, after public hearing, notice of which shall be given by publication in a newspaper published in each county at least two weeks before such hearing, may make, amend, repeal or suspend rules and regulations concerning the inspection of dairies, the production, care, handling, marketing or sale of milk or cream within the state, to protect the public from the use of milk or cream which is insanitary or detrimental to public health. Such rules and regulations shall take effect twenty days after such publication.

Sec. 3. Any person claiming to be aggrieved by an order issued by any official authorized to prohibit the sale of milk or cream in any city, town or borough may appeal from such order to the milk regulation board. Such appeal shall be taken by filing in the office of said board a copy of the order prohibiting such sale, with a brief statement of such grievance. Said board

shall, within one week after the receipt of such appeal, ascertain the methods employed by the person taking such appeal in producing, handling or distributing milk or cream, and shall cause an inspection of all implements and equipment used in the production and handling of the same, the cows from which, and barn and premises where such milk or cream is produced or procured, and after such inspection shall forthwith affirm, modify or rescind such order, but the original order shall remain in force pending such appeal.

Sec. 4. Any person claiming to be aggrieved by any rule, regulation or order made by said board, may appeal from the same to the superior court for the county wherein such person resides, if said court is in session, and if said court is not in session, such appeal may be taken to any judge of said court within thirty days after the publication of such rule, regulation or order. Such appeal shall be taken by a petition, in writing, with a citation signed by competent authority to said board and the same shall be served upon the attorney general at least twelve days before the next return day of said court and if to a judge of said court, the same shall be served ten days before date of hearing thereon. Said petition shall contain a copy of the rule, regulation or order appealed from, with a statement of the grievance of the party taking such appeal. Said court or judge, by itself or by a committee appointed by it, may hear such appeal de novo and may affirm, modify or rescind such rule, regulation or order or any part thereof.

Sec. 5. No person shall engage in the production, care, marketing or sale of milk or cream unless he shall have complied with the rules and regulations of said board and the provisions of this act.

Sec. 6. The dairy and food commissioner may employ agents and assistants to enforce the provisions of this act and the provisions of the rules and regulations of the milk regulation board and the orders of said commissioner as authorized by said board. If the dairy and food commissioner, his deputy or any agent or assistant, shall find that any provision of this act, or any provision of the rules and regulations of the milk regulation board, or any order authorized thereby, has been violated, said commissioner, his deputy or any agent or assistant, shall cause prosecution for such violation.

Sec. 7. The dairy and food commissioner, or his deputy, shall prohibit the sale or distribution of any milk or other dairy product which is insanitary or detrimental to health, and which has not been produced, cared for or handled in the manner prescribed by the provisions of this act, or the rules and regulations of said milk regulation board. Chapter 15 of the public acts of 1915 and section sixteen of chapter 221 of the public acts of 1911 are repealed.

Sec. 8. No provision of this act shall affect the authority of any city, town or borough to enact ordinances or by-laws for the control, regulation, sale or distribution, within its limits, of milk which is detrimental to public health.

Sec. 9. Any person who shall violate any provision of this act or any rule or regulation established by said board or any order of said commissioner duly authorized, shall be fined not more than one hundred dollars, or imprisoned not more than thirty days, or both.

CHAPTER 246

An Act amending an Act concerning Marriage Licenses

Section 1. Section one of chapter 186 of the public acts of 1913 as amended by chapter 237 of the public acts of 1915 is amended to read as follows: No persons shall be married until one of them shall, under oath, inform the registrar of births, marriages and deaths of the town in which the marriage is to be celebrated the name, age, color, occupation, birthplace, residence and condition, whether single, widowed, divorced or under the supervision or control of a guardian or conservator, of each. If either of such persons is a resident of such town, such registrar shall issue his certificate that the parties therein named have complied with the provisions of this act, provided any person, under the control or supervision of such guardian or conservator, shall file with the registrar the written consent of such guardian or conservator. If neither of such persons is a resident of said town said registrar shall not issue such certificate until the fifth day following, unless the judge of probate for the district in which the intended marriage is to be celebrated, or the person who is to join such parties in marriage, after hearing such evidence as is presented, renders a written decision that, in his opinion, public policy or the physical condition of one of the parties requires the intended marriage to be celebrated without delay. Upon receipt of such decision such registrar shall file the same as a public document, and shall immediately issue his certificate that the parties therein named have complied with the provisions of this act. A certificate, when issued as aforesaid, shall be a license for any person authorized to celebrate marriage to join in marriage, within said town only, the parties therein named, but no such certificate shall be issued if either of the parties is a minor until a parent or guardian having control of such minor shall give to the registrar his written consent, nor to parties either of whom is less than sixteen years of age unless one of the selectmen, or a person having the authority of a selectman, of the town or city in which the marriage ceremony is to be performed, shall endorse on the license his written consent. In the case of a minor having no parent or guardian who is a resident of the United States, the consent of the first selectman of the town where such minor has last resided for the period of six months shall be sufficient. Any registrar who shall issue such certificate before the expiration of the period herein specified, or who shall knowingly issue such certificate without such consent, shall be fined not more than one hundred dollars, and every person who shall join any persons in marriage without having received such certificate shall be fined not more than one hundred dollars.

Sec. 2. No person married without written consent as provided in this act shall acquire any rights by marriage in the property of another who was at the time of such marriage under the supervision of a conservator or guardian.

CHAPTER 100

An Act concerning Joining Persons in Marriage

Section 1. Section 4538 of the general statutes is amended to read as follows: All judges, justices of the peace and ordained or licensed clergymen belonging to this state, or any other state, so long as they continue in the work of the ministry, may join persons in marriage; and all marriages attempted to be celebrated by any other person shall be void; but all marriages which shall be solemnized according to the forms and usages of any religious denomination in this state shall be valid. No public official legally authorized to issue marriage licenses shall join persons in marriage under authority of a license issued by himself, or his assistant or deputy; nor shall any such assistant or deputy join persons in marriage under authority of a license issued by such public official.

Sec. 2. Any person violating any provision of this act shall be fined not more than fifty dollars.

UNUSED BLANKS

Where do all the blank certificates go?

It is the desire of this Department to supply registrars with all the supplies they need, but it is supplying almost twice as many blanks as are used. One city alone has, in five months, ordered 3,000 more birth certificates than it has returned.

It requires about 200,000 blanks to supply the registrars of the state for a year. Last year the requisitions total 350,000, causing an unnecessary expenditure of approximately \$600.00.

With the present high cost of paper and labor, we should economize as much as possible. Will you help?

MORTALITY SUMMARY — JUNE

Total deaths for June.....	1,496	Death rate.....	14.4
Average death rate for June last five years.....			13.3
Annual death rate 1916.....			16.3
Deaths from communicable diseases.....			224
Per cent of total deaths.....			14.9
Deaths under one year 221. Rate per thousand births.....			73

DEATH RATES

All death rates are figured on a population computed from the census of 1910 by the Census Bureau method. Unusual increases in population in several cities are not officially recognized, but should be considered before the given rates are accepted for comparison.

JUNE 1917

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases See "Notes"	Other Diseases See "Notes"
STATE—TOTAL	1,238,723	26	55	984 +	114	164	137	35		149	38	88 +
Over 50,000 inhabitants:												
New Haven.....	148,951	1	.....	359	13	4	14	2		21	.....	.....
Bridgeport.....	120,688	1	.....	47	1	1	23	1		19	G13 s2	.....
Hartford.....	110,354	4	.....	76	15	27	30	17		16	G11	.....
Waterbury.....	86,342	3	6	6	11	.....	18	.....		8	.....	.....
New Britain.....	53,344	1	8	8	3	5	.....	4		8	.....	.....
From 25,000 to 50,000 inhabitants:												
Stamford (city).....	30,622	.....	.....	109	6	12	4	.....		6	.....	C M
Meriden (city).....	29,046	.....	.....	8 +	2	.....	1	.....		2	.....	4 70
Norwalk.....	26,778	2	1	.....	2	.....	1	.....		1	.....	.....
From 15,000 to 25,000 inhabitants:												
Danbury (city).....	22,452	.....	.....	1	2	.....	.....	.....		1	.....	.....
Norwich (city).....	22,236	.....	.....	14	3	.....	2	.....		1	.....	.....
New London.....	20,925	2	.....	15	.....	58	.....	.....		3	.....	.....
Greenwich (town & boro)	19,037	.....	.....	8	2	23	1	.....		4	.....	.....
Torrington (boro).....	18,000	.....	1	.....	1	.....	2	.....		.....	.....	.....
Ansonia.....	16,634	.....	.....	.....	1	.....	.....	.....		3	.....	.....
Bristol (city & town).....	15,817	1	.....	2	4	.....	1	.....		2	G1	.....
Manchester.....	15,465	.....	.....	.....	.....	.....	.....	2		9	S4	.....
From 10,000 to 15,000 inhabitants:												
Naugatuck.....	14,030	.....	.....	.....	3	.....	1	.....		2	.....	.....
Orange.....	13,838	.....	.....	10	.....	.....	3	1		1	.....	R1
Middletown (city).....	13,208	.....	.....	.....	1	.....	1	.....		3	.....	.....
Willimantic (city).....	12,605	1	.....	.....	.....	1	5	.....		.....	.....	.....
Enfield.....	11,531	.....	.....	7	1	.....	.....	.....		1	.....	.....
From 5,000 to 10,000 inhabitants:												
Wallingford (boro).....	9,861	.....	.....	22	3	.....	.....	2		2	.....	.....
Derby.....	9,627	.....	.....	.....	.....	.....	5	.....		2	.....	.....
Middletown (town).....	9,498	.....	.....	2	.....	.....	.....	1		1	.....	.....
Winchester.....	9,228	.....	36	1	.....	.....	.....	.....		.....	.....	.....
East Hartford.....	9,177	.....	.....	.....	2	.....	1	.....		.....	.....	.....
Rockville (city).....	8,391	.....	.....	.....	.....	.....	1	.....		2	.....	.....
Norwich (town).....	8,131	.....	.....	.....	1	.....	.....	.....		1	.....	.....
Plainfield.....	7,857	1	.....	1	1	1	.....	.....		1	.....	C3 +
Stonington (town).....	7,556	.....	.....	.....	.....	.....	.....	.....		.....	C2	.....
Putnam (city & town).....	7,240	.....	.....	.....	2	.....	1	.....		2	.....	.....
Shelton (city).....	7,129	.....	.....	.....	.....	1	.....	.....		1	.....	.....
Fairfield.....	7,121	.....	.....	2	1	.....	3	.....		.....	.....	.....
Stratford.....	6,945	.....	.....	57	.....	.....	3	.....		.....	.....	.....
Southington (town & boro)	6,890	.....	.....	1	.....	.....	.....	.....		3	.....	.....
Hamden.....	6,584	.....	.....	23	.....	1	2	.....		1	G1	.....
Plymouth.....	6,336	.....	.....	1	.....	.....	.....	.....		.....	.....	.....
Branford (town & boro)	6,251	.....	.....	9	.....	1	2	.....		2	.....	.....
West Hartford.....	5,781	.....	.....	.....	2	2	2	.....		.....	.....	.....
Seymour.....	5,533	.....	.....	.....	.....	.....	1	.....		1	.....	.....
New Milford.....	5,133	.....	.....	1	.....	.....	.....	.....		2	.....	.....
Glastonbury.....	5,117	.....	.....	3	.....	.....	.....	.....		.....	.....	.....
Meriden (town).....	5,042	.....	.....	2	1	.....	.....	.....		.....	.....	.....
From 2,000 to 5,000 inhabitants:												
Groton (town).....	4,814	.....	.....	2	.....	.....	1	.....		.....	.....	.....
Milford.....	4,715	.....	.....	25	.....	.....	.....	.....		.....	.....	.....
Windsor.....	4,516	.....	.....	.....	.....	.....	1	2		.....	.....	.....
Darien.....	4,444	.....	.....	12	.....	1	.....	.....		1	G2	M + C +
Westport.....	4,404	.....	.....	1	1	.....	1	.....		.....	.....	.....
Watertown.....	4,300	.....	.....	.....	1	.....	.....	.....		.....	.....	.....
Stamford (town).....	4,211	.....	.....	40	1	.....	.....	.....		.....	.....	.....
New Canaan (town & boro)	4,085	.....	.....	7	3	1	.....	.....		2	.....	M1
Suffield.....	4,033	.....	.....	1	2	.....	.....	.....		.....	.....	.....
Berlin.....	3,896	.....	3	2	2	.....	.....	.....		.....	.....	.....
Thompson.....	3,822	.....	.....	1	.....	.....	.....	.....		.....	.....	.....
Thomaston.....	3,672	.....	.....	3	.....	.....	1	.....		.....	.....	.....
Farmington.....	3,566	1	.....	5	.....	.....	.....	.....		.....	.....	.....
Salisbury.....	3,541	1	.....	.....	.....	.....	.....	.....		.....	.....	M +
Jewett City (boro).....	3,502	1	.....	.....	.....	.....	.....	.....		.....	.....	M +

CASES—COMMUNICABLE DISEASES

(CONTINUED)

Cities Boroughs and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever	Small Pox.	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases	Other Diseases See "Notes"
East Windsor	3,484	1								1		
Danbury (town)	3,466	1		1	1		2					
Wethersfield	3,454			1	1		1					
Ridgefield (town & boro)	3,413									1		
Killingly (town)	3,401										G1	
Plainville	3,297			1				1				
Waterford	3,212			2								
Guilford (town & boro)	3,130			6								
Montville	3,049							2				
Danielson (boro)	3,000				1							
Litchfield (town & boro)	2,879			1								
Newtown (town & boro)	2,854			2						2	G3	
Simsbury	2,802											P2
Canton	2,764			4	2							
Wallingford (town)	2,585						1					
East Hampton	2,461	2		1								
South Windsor	2,393				7					1		
North Canaan	2,391					1						
Stafford (town)	2,376					2				1		
North Haven	2,308						1			1		
East Haven	2,171											
Saybrook	2,070				1							
Mansfield	2,067	1										
Groton (boro est.)	2,000									3		
Under 2,000 inhabitants:												
East Lyme	1,964			3		2						
Haddam	1,924			10 +								
Wilton	1,924				4		1					
Redding	1,731			1								
Washington	1,704			6								
Somers	1,689					4						
Trumbull	1,675			5								
Brooklyn	1,558									1		
Madison	1,543			3		16						
Lebanon	1,517			1								
Chester	1,473			4								M4
Rocky Hill	1,283			1								
Willington	1,248			3								
Clinton	1,181			2								
Griswold (town)	1,177			2								
Brookfield	1,134			1						1		
Easton	1,107			1								
Kent	1,064			15								
Oxford	1,060											E1
Ledyard	985			2								
Monroe	978			4								
Cornwall	921			3								
Lisbon	900			1								
Woodbridge	893			1								
Barkhamsted	865			1								
North Branford	844						1					
Weston	826	1										
New Fairfield	603			1								
Franklin	516	1										
Bolton	419									1		
Chaplin	379					2						
Andover	363				1							
Marlborough	290									1		

Roxbury has failed to report; towns not listed reported no cases of infectious diseases.

NOTE:—(s) syphilis; (g) gonorrhoea; (o) ophthalmia; (L) leprosy; (c) chicken pox; (M) mumps; (x) septic sore throat; (P) pellagra; (i) la grippe; (A) anthrax; (E) erysipelas; (T) trachoma; (R) rabies; + few; ++ epidemic.

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Line Number.	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1916.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, June 1916.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut.	1,238,723	2865	118	1327	1496	14.4	14.4	221	87	398
2	Ansonia.....	16,634	43	2	21	15	10.0	10.9	4	2	2
3	Branford.....	6,251	8	1	3	3	3.8	7.7	1	...	1
4	Bridgeport.....	120,688	402	13	196	166	15.5	15.0	34	9	28
5	Bristol.....	15,817	44	1	16	11	8.3	6.9	2	...	3
6	Danbury.....	25,918	42	2	7	24	8.3	10.3	1	1	8
7	Derby.....	9,627	39	5	23	13	12.4	15.0	2	4	2
8	East Hartford.....	9,177	19	...	11	11	11.7	14.5	3	4	4
9	Enfield.....	11,531	39	2	22	19	19.7	16.9	2	1	3
10	Fairfield.....	7,121	16	3	5	6	10.1	8.5	1	...	1
11	Glastonbury.....	5,117	5	...	4	3	7.0	11.7	1	...	2
12	Greenwich.....	19,037	36	2	24	26	13.8	7.6	5	2	5
13	Groton.....	6,814	12	1	5	5	8.8	17.7	...	...	2
14	Hamden.....	6,584	20	...	2	5	7.2	14.7	1	...	1
15	Hartford.....	110,354	327	14	157	198	17.5	12.7	19	7	44
16	Killingly.....	6,401	8	...	11	6	11.2	5.6	1	...	2
17	Manchester.....	15,465	29	...	18	4	3.1	7.8	...	...	3
18	Meriden.....	34,088	72	...	43	39	12.3	13.4	5	2	12
19	Middletown.....	22,706	35	1	23	47	7.9	10.1	...	1	15
20	Naugatuck.....	14,030	23	...	16	10	8.5	6.0	1	...	4
21	New Britain.....	53,344	151	3	69	49	10.3	11.9	11	3	11
22	New Haven.....	148,951	425	13	178	197	14.7	11.7	31	19	40
23	New London.....	20,925	53	2	25	26	12.0	14.4	4	...	6
24	New Milford.....	5,133	7	...	7	10	21.0	11.7	2	...	3
25	Norwalk.....	26,778	49	3	32	26	11.2	12.2	6	2	7
26	Norwich.....	30,367	71	5	27	41	13.7	13.1	10	2	11
27	Orange.....	13,838	26	2	7	13	10.4	14.1	...	1	6
28	Plainfield.....	7,857	16	1	3	4	6.1	15.5	3	...	1
29	Plymouth.....	6,336	18	...	5	7	13.2	3.8	1	...	4
30	Putnam.....	7,240	22	...	7	7	9.9	9.9	1	1	2
31	Seymour.....	5,533	19	...	4	3	6.3	8.8	1	...	...
32	Shelton.....	7,129	19	3	4	16	15.1	13.6	2	...	4
33	Southington.....	6,890	19	...	5	8	13.9	19.3	2	1	3
34	Stafford.....	5,794	8	...	6	3	6.2	20.9	...	...	1
35	Stamford.....	34,833	75	5	45	45	13.4	11.2	6	5	14
36	Stonington.....	9,522	14	...	8	8	10.0	7.5	1	...	2
37	Stratford.....	6,945	23	1	3	15	25.8	12.3	3	2	3
38	Torrington.....	19,500	41	...	17	14	8.6	10.6	6	...	...
39	Vernon.....	9,450	14	1	9	12	15.2	11.4	1	...	5
40	Wallingford.....	12,446	18	1	3	9	8.6	11.7	2	1	2
41	Waterbury.....	86,342	202	12	107	105	13.2	14.7	20	6	13
42	West Hartford.....	5,781	15	...	1	10	20.7	21.1	3	2	2
43	Winchester.....	9,228	19	...	5	7	7.8	15.7	1	...	3
44	Windham.....	14,083	31	...	19	11	9.3	9.4	2	...	4
Total of above towns,...		1,017,605	2574	99	1203	1257	14.8	14.4	202	78	289
Towns of less than 5,000,.		221,118	291	19	124	239	12.9	14.2	19	9	109

Non-resident deaths in public institutions are not included in the death rates of the towns.

HEALTH FOR THE MONTH OF JUNE, 1917

FOR MAY, 1917

DEATHS FROM IMPORTANT CAUSES.															EXTERNAL CAUSES.			Deaths In Institutions.	Deaths of Non-residents.	Line Number.
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis.	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.			
5			23	4	3	10	6	155	21	83	16	2	139	27	104	20	6	458	201	1
								1					1	1	3	2				2
			4	1	1	1		12	1	9	3		20	4	16	1	1	64	10	3
			1				1	1		1			1							4
1								2		3					2			9	6	5
				1				1					3		1			3	3	6
								5		2			1		3	1			2	7
								1		1			1							8
																				9
														1						10
														1	1			4	4	11
								1												12
																				13
			2		1	3		12	4	12	5	1	21	4	9	4	1	104	37	14
			1							1										15
																				16
			1	1			1	10	1	5			2		1			11	4	17
								5	1	1	1		7		4			34	32	18
								3		2	1		3		3			13	3	19
1			7			1		18	6	10	2		24	2	12	3	1	76	15	20
					1			2		2	1		2		4			8	5	21
								1	1	1										22
								1	1	1			2	3	2		1	7	1	23
1			4					9	1	2			2	1	1			16	6	24
										1			2		2			1	1	25
																				26
								1												27
																				28
								2					1		1					29
										1					1					30
								6		1					2			6	7	31
								1		2			1							32
													1							33
								3	2	2			2	1	2			18	6	34
								1		1						1				35
1								2					2							36
								1		1				1	1					37
								1												38
								1		3			2							39
								3			1		3					1		40
1							1	12	1	3	1		10	2	10	2	2	35	10	41
									1	1			1	3				5		42
																		2	1	43
								1							1			4		44
5			21	3	3	10	3	121	19	71	15	1	120	26	87	17	6	423	157	
			2	1			3	34	2	12	1	1	19	1	17	3		35	44	

LABORATORY REPORT — JUNE

Ira D. Joel, Acting Director.

Bacteriological examinations and analyses.

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis.....	14	149	—	163
Diphtheria, release.....	13	64	—	77
Tuberculosis.....	28	90	—	118
Syphilis.....	81	438	27	546
Typhoid.....	8	29	7	44
Malaria.....	0	9	—	9
Glanders.....	5	2	3	10
Rabies.....	7	0	—	7
Gonococcus.....	1	1	—	2
Milk samples examined (from 21 towns).....				304
Water samples examined (from 29 towns).....				46
Sewage and effluents examined (from 3 towns).....				6
Oil samples tested.....				3

Total Laboratory operations during June 1335

METEOROLOGICAL SUMMARY—JUNE, 1917

MONTHLY SUNSHINE RECORD

Hours actual sunshine, 189.9. Hours possible, 455.1. Percentage of possible sunshine, 42.

WEATHER.

Number of days, clear.....	10
Partly cloudy.....	11
Cloudy.....	9
On which .01 inch, or more, occurred	16

Total Precipitation this month in

1905-1.85	1906-2.19	1907-3.44	1908-2.42
1909-2.23	1910-4.16	1911-2.55	1912-0.66
1913-2.07	1914-1.70	1915-1.51	1916-3.86
1917-4.02			

PRECIPITATION.

Total this month.....	4.02
Total snowfall.....	0.0
Greatest precipitation in 24 hours, on the 26-27th.....	1.42
Snow on ground end of month.....	0.0
Normal for this month.....	3.08
Excess for this month as compared with the normal.....	0.94
Accumulated deficiency since Jan. 1 ..	2.52

ATMOSPHERIC PRESSURE.

(Reduced to sea level; inches and hundredths.)
 Mean30.00; highest 30.33..date 13th
 Lowest 29.73..date 29th
 Mean monthly relative humidity.....76%

TEMPERATURE.

Highest..86, date 22nd; lowest 51, date 1st;
 Greatest daily range 27date 3rd;
 Least daily range 6.....date 10th;
 Mean highest...76.4; lowest..... 58.5

Mean for this Month in

1905-66	1906-68	1907-65	1908-70
1909-68	1910-66	1911-67	1912-67
1913-68	1914-66	1915-66	1916-63
1917-67			

Mean for this month.....	67.4
Normal for this month.....	67.1
Absolute maximum for this month for 13 years.....	92
Absolute minimum for this month for 13 years.....	40
Average daily excess this month as compared with normal ..	0.3
Accumulated deficiency since Jan. 1..	220
Average daily deficiency since Jan. 1.	1.2

WIND

Prevailing direction.....	S.
Total movement.....	5166 miles
Average hourly velocity.....	7.2
Maximum velocity (in five minutes) 31 miles per hour, from W. on 8th	

U. S. Department of Agriculture Weather Bureau, Hartford Station.
 WILLIAM W. NEIFERT, METEOROLOGIST

PERSONALS

Dr. George L. McCoy, U. S. P. H. S., Director of the Hygienic Laboratory, Washington, D. C., spent a few days with the Commissioner of Health for the purpose of considering the disposition of cases and the control of communicable diseases in and about military districts in this state.

Prof. C. E. A. Winslow was unable to attend the first meeting of the Public Health Council, having departed in June for Russia with the Billings Red Cross Commission which will spend four months studying special needs of that country.

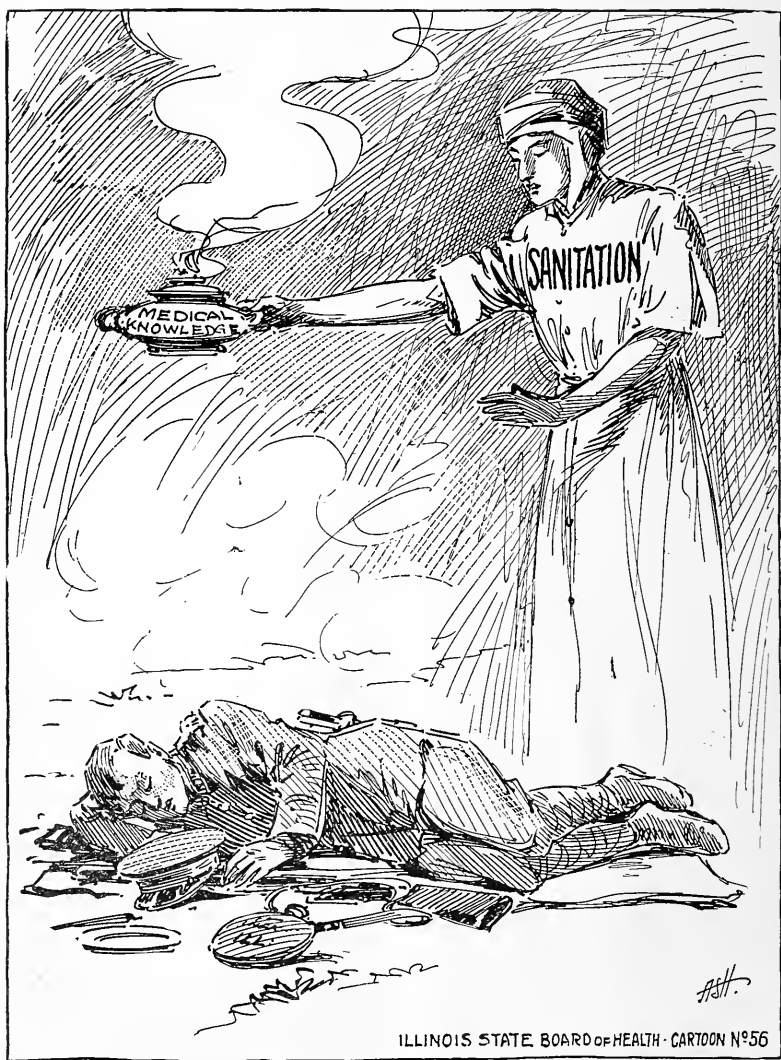
Dr. W. H. Kiernan, the efficient health officer of Newtown, is recuperating from a severe attack of pneumonia.

Dr. M. Z. Westervelt, after serving a short but active term as Health Officer of Litchfield, Town and Borough, has associated himself with the surgical department of the Winchester Arms Company at New Haven. Dr. Rudolph Karl has been appointed to act as Health Officer of the Town of Litchfield. No regular appointment has as yet been made for the Borough.

Dr. George F. Lewis, one of the oldest and best Health Officers in the state has resigned after twenty-three years of service. Dr. R. B. Cox of Collinsville has been appointed to fill the unexpired term of Dr. Lewis.

Judge Wesley U. Pearne died at his home in Middletown, July 3, 1917. Judge Pearne has been active as County Health Officer of Middlesex County for twenty-five years. His successor has not been appointed by the Governor.

Dr. Carrie North Stevens, the newly appointed Health Officer of Goshen, has the distinction of being the only woman serving in that capacity in Connecticut.



ILLINOIS STATE BOARD OF HEALTH · CARTOON N°56

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Connecticut Health Bulletin

Issued Monthly by

The State Department of Health

JOHN T. BLACK, M. D., *Commissioner*

AUGUST, 1917



A BABY CAMP

THE STATE DEPARTMENT OF HEALTH

HARTFORD, CONNECTICUT

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HARTFORD, AUGUST 20, 1917

No. 8

BABY CAMPS

Every community that maintains any number of tenement houses should maintain a baby camp during the hot summer months. In fact, it is the *duty* of those who, by lack of foresight or by common consent, have permitted the erection of habitations which under certain conditions jeopardize life and health.

The recognition of this duty has given the play-ground movement its impetus, but practically no provision has been made for infants — they must remain at home in the hot, sweltering tenements, amid flies and filth, to fade and possibly die.

The privation and suffering endured by thousands of babies in this state could be so depicted that anyone would gladly add to their contribution for Belgium Babies and Red Cross work a sum for the relief of Connecticut Babies. Better than such depiction, it is suggested that on the next real hot summer day, a visit be made to the poorer tenement districts and see with your own eyes the "tenement baby" on a hot day.

Such a visit would create a lasting impression and instill a desire to relieve the little sufferers. The first thought that would naturally arise would be as to how a baby camp could be established. Details for the organization and equipment of various sizes of baby camps will be supplied early next spring, but very important matters in conjunction with such an institution should be decided NOW. Now is the time to secure a site and to make sanitary arrangements with the advice of health officer. Now is the time to organize a small committee or to secure the co-operation and interest of local organizations, and now is the time to solicit such funds as may be necessary.

Many of these institutions have been proposed or attempted too late in the season to be consummated before the advent of hot weather. Some have failed because they have been called "baby hospitals," and others for the lack of proper supervision. The average cost of a ten-bed camp should be \$1.00 per bed per day. This will provide for a well-paid, trained nurse as superintendent with semi-volunteer nurses to assist, as well as for food and supplies.

No difficulty should be experienced in securing the donation of a site, the services of a physician and certain other necessities, and thus reduce the cost.

In bringing the subject to the attention of the mothers who are likely to send their children to the camp, the fact should be impressed that while delicate and slightly ill children are admitted, it is an open air camp and not a hospital. Special care should be taken in admitting children to these institutions, to exclude contagious diseases. The health officer will advise and assist along these lines.

Start your campaign now for a baby camp next summer.

TEACH CHILDREN TO SWIM

A small, but valuable bit of legislation enacted at the last session has passed almost unnoticed. It is as follows:

Chapter 48 — An act concerning Gymnasiums, etc.

Any town or district may erect, equip and maintain gymnasiums, baths and recreation grounds, with all necessary buildings and equipment, for the use of the inhabitants of the town, as the school committee may determine, and may raise money by taxation for such purpose.

This act enables any town or city to make swimming lessons a part of its educational course. Children are educated for the purpose of making them the best possible citizens — useful, healthful and resourceful, and yet no child's education is really complete until it has learned to swim.

Swimming is a most healthful exercise, and is easily learned. Professional teachers guarantee to teach people to swim in five or six lessons, so that there is no reason why every child should not be taught to swim.

A most impressive argument on the value of teaching children to swim is the great loss of life every summer from drowning. **During July of this year forty-six people in Connecticut met death by drowning.** These are forty-six unnecessary deaths and represent an enormous economic loss to the state and many times the cost of providing for public swimming instructors. Perhaps the poor condition of the water of many inland streams has made bathing unpopular, but there is no excuse for any person living on the shores of the sound for not being able to swim. Most inland towns could, at a reasonable cost, install bathing pools, the water of which can now be treated by a scientific process and rendered even purer than many drinking waters.

Everybody at some time or other is so situated that the ability to swim would obviate anxiety and concern, while many people have been compelled to stand aside and see their friends drown for lack of this accomplishment.

There are cities in Connecticut which have already established public baths and public swimming pools, but it is only fair that every child should have equal opportunities, at least during the summer months.

We hope the school authorities of many towns will not look upon this movement as a fad or luxury but as a necessary and economical proposition and will proceed at an early date to take advantage of the privileges granted by Chapter 48, Public Acts of 1917.

CHILDREN'S PLAY — A PATRIOTIC CALL

"Public provision for recreation is not a luxury to be cut off but a necessity to be conserved." Miss Julia C. Lathrop, Chief of the Children's Bureau of the U. S. Department of Labor, in discussing the report on Facilities for Children's Play in the District of Columbia, said:

"An English authority has lately pointed out the demoralization to boys and girls caused by the breaking down of clubs and the withdrawal to the army of recreation leaders, and he has traced much of the increase in juvenile delinquency in England to the chaos in recreation activities which has prevailed since the war.

"This is a good time to remind ourselves that the continuance and development of all types of innocent and healthful recreation in every community offer a call to patriotic service for many who cannot go to the front. The strain and anxiety which are certain to grow in this country for an indefinite period ahead of us need to be counterbalanced by greater community effort to provide opportunity for wholesome play."

COURT PLASTER FROM PEDDLERS

While it is true that court plaster sold by peddlers in certain parts of the country has been found to be infected with the germs of tetanus, it is not known definitely whether such court plaster was intentionally or accidentally infected. It is quite possible that, owing to the uncouth habits of most peddlers, the court plaster has been accidentally contaminated.

Supplies of any nature which come in contact with or are applied to open wounds should not be purchased from any one except a licensed druggist.

A QUERY

Why will a man submit peacefully to the quarantine restrictions placed upon his child which has been exposed to a contagious disease and "raise the roof" when the order is issued that his dog must be muzzled?

THE CONTROL OF RABIES IN CONNECTICUT

J. M. Whittlesey, Commissioner on Domestic Animals

As provided in chapter 170 of the public acts of 1911, it becomes the duty of the health officers to report cases of rabies to the commissioner on domestic animals. In view of the fact that an infectious disease known as rabies has existed in forty-two towns and cities of the state since January first of this year, that it is so prevalent at this time (August 15th) that it has been deemed wise to order all dogs muzzled and quarantined in nine cities and towns, that three deaths have occurred from bites of rabid dogs, and that the state is paying out large sums for Pasteur treatment for persons having been bitten by rabid dogs; the commissioner asks the co-operation and assistance of the health officers in securing the effective suppression and prevention of the spread of this disease.

First, I would ask that the health officer request or insist that the dog warden, first selectman, and chief of police report to him all cases of rabies or suspected rabies.

Second, if a dog believed to be rabid is discovered, his head, well packed and *iced*, should be sent to the Laboratory of the State Department of Health that the diagnosis may be confirmed.

Third, if the dog is only suspected, it should be taken securely in possession of the dog warden and be observed for a period of five days. If the "biter" is developing a case of rabies, it will exhibit definite symptoms within that time and the brain, when examined, will show more clearly the Negri bodies, which are diagnostic.

Fourth, that all rabid dogs running wild should be traced back to owner, or to the town where owned, in order that it may be ascertained what animals or persons have, or may have been in contact with the rabid dog. All dogs and cats bitten by a rabid dog should be immediately killed.

Fifth, that names of all persons bitten by a rabid dog or cat be reported to the health officer so that he may advise the first selectman to provide proper Pasteur treatment in a reasonable manner, the bills for the same to be approved and paid by the State Treasurer.

Sixth, in view of the fact that many dogs affected with rabies and running wild are unregistered and therefore cannot be traced, it is urged that the health officers use their influence towards securing the complete registration of dogs within their jurisdiction and also to insist as a health measure that the officials responsible for the enforcement of muzzling and quarantining orders perform their duties thoroughly.

It is hoped that the Department of Health, in formulating its sanitary code, will incorporate the requirement that all dog and cat bites be reported by the attending physicians to the health officer. Had a regulation of this nature been in force this summer, one of the three deaths referred to above might have been prevented.

Although rabies has been a difficult disease to control, due in part to the great distance mad dogs travel, and in part to the laxity of the enforcement of

our laws and orders, still the writer firmly believes that the disease can be controlled and suppressed. In Great Britain, as long ago as 1867, "any dog not under control of any person can be seized by the police and if not redeemed by the owner within three clear days may be sold or destroyed." The result of the general muzzling order in Great Britain, enforced for a term of years, in suppressing rabies is shown by the following figures:

Year	Cases Reported
1895	672
1896	438
1897	151
1898	17
1899	9
1900	6
1901	1

The dog laws of Connecticut are probably adequate. There is more than a possibility, however, that our muzzling orders should cover a larger area and for a longer period. The mad dog is not a polite proposition, and this disease will never be controlled by a lax enforcement of the law.

There are in Connecticut approximately 72,000 registered dogs. The damage paid by the State Treasurer on dog accounts including amounts paid for Pasteur treatments for the year ending April 1, 1917, approximated \$11,-500. From an economic point of view and from the standpoint of the conservation of food supplies, it seems impossible to justify the existence of this number of dogs. They produce nothing of value and yet many of them live upon the "fat of the land."

There have been seventy-eight diagnoses of rabies made at the Laboratory of the State Department of Health in the last seven months, but this is only a part of the rabid dogs killed in the state during that time. In New Haven, alone, twenty-six rabid dogs were killed by the dog warden in the past six months.

The accompanying map illustrates the spread of the disease in Connecticut, but the number of persons bitten probably exceeds the notations on this map.

DELINQUENTS

The statutes require health officers and registrars to file reports with the State Department of Health monthly. We are still receiving many late reports, which seriously handicap the compilation of state statistics.

For the month of July, although the legal limit of time for reporting has long since expired, the report of the Registrar of the Town of Somers has not as yet been received, nor have we received reports from health officers of the following towns:

Avon, Bridgewater, Bristol, Canton, North Branford, Roxbury, Scotland, Wallingford (town), Watertown.

It is the intention of this Department to insist that these reports be filed as the statutes require and further action, other than publishing the names of the delinquents, may be looked for in the future.

DOGS AND CATS

When a nuisance becomes such a menace that editors are willing to devote half a column to discussion of the subject, time for action has arrived. Editor Freeman of the Thompsonville Press published the following in a recent issue.

"Each succeeding year the proclamation of cities and towns goes forth against the liberty of the canine race, and the slaughter of dogs is supposed to be carried on in the public pound. Those fortunate curs which escape demolition are licensed, numbered and at certain periods protected by a muzzle; they embrace but a modicum of the grand army of the mangy and disreputable race that during the hot and sultry season of Sirius worry our lives with fear and threaten us with hydrophobia; the other part of the army are either secreted or defy the dog catchers. When the dog star is set and the proclamation is no longer in force the streets are again alive with worthless and worthy canines.

While there may be nobility in some of the race, it does not cover up the sins of those which have grown up with a "street education" and which are both a terror to little children and a nuisance to civilization. A dog, muzzleless and free, that goes from one place to another leaving the marks of its detestable presence should be shot by the police or handed over to the pound master to be executed, and the law compelling grocers and dealers in vegetables to keep their goods at least two feet from the floor or sidewalk should be more generally enforced. The excretions of a dog or cat are poisonous and capable of conveying loathsome diseases to the human system.

It would be in order for the local health officer to call the attention of some local dealers to the advisability of observing the law relative to these matters. We know whereof we write, as while passing down Pearl Street one evening we noticed in front of a store which sells, among other things, fruits, an open crate of strawberries on the sidewalk and from which a large dog was leaving. Nearby, on an elevation about eighteen inches from the walk, were several piles of newspapers. A lady was heard to remark that evidently the storekeeper "thought more of his newspapers than he did of his fruit."

The dog or cat that is domesticated will not be permitted to soil its own home, and there is no reason why it should be allowed to soil doorways and premises, much less the articles of human food kept by the neighbors. This is an evil which should be the subject of a crusade by the people and officials, and the advanced line we take with regard to sanitary precautions demands that this nuisance be abated for the good of the race.

The race of canines increases with alarming rapidity, and eighty per cent. of the cats that are annually born in our cities and towns are no good. If they cannot be exterminated before they are able to see, the law should humanely do so when they are found on the streets, whether it be dog days or not. No disease, no death, is more horrible in its results, either to the victim or friends than hydrophobia, and no cure has yet been found, nor has any preventive been discovered that will conquer the rabies, although we have patient investigators experimenting, it may be years, and it may be that we shall never find an antidote for the poison of a bite of a dog or cat."

SPECIAL NOTICE

On September first, the Laboratory of this Department will be removed from Middletown to New Haven.

Between the dates of August 31st and September 4th, it is requested that no specimens be sent to the Laboratory for analysis except Diphtheria.

It is urged that those who have in their possession water and milk containers and specimen cases of any kind carrying a label directing them to Middletown, Connecticut, change this address, *without fail*, to New Haven, Connecticut, on and after September 4th.

It is expected that the transfer of the Laboratory to New Haven will enable more prompt delivery of specimens sent in for examination.

The Director of the Laboratory, Dr. C. J. Bartlett, suggests that Diphtheria and other specimens on which an early report is desired, be sent by special delivery.

New Haven, while less central than Middletown, is more accessible from a railroad standpoint, and it is expected that with careful compliance with instructions, service of the Laboratory will be brought much closer to the physicians and health officers throughout the state.

COMMENTS

M. Eugene Culver, Esq., of Middletown, has been appointed by the Governor as County Health Officer of Middlesex County to fill the unexpired term of Judge Wesley U. Pearne, deceased. Mr. Culver is a well-known attorney of Middlesex County. We know that in the performance of his duties as County Health Officer he will be most energetic and efficient.

The service of Dr. R. B. Cox, Health Officer of Canton, was of short duration, as he has joined the medical forces of the Canadian contingent. Dr. George W. Eddy is now acting as Health Officer for Canton.

Dr. H. H. Converse, of Eastford, one of the oldest and most conscientious health officers in the state, died on July 9th. His successor has not been appointed.

Dr. W. T. Nagle, Health Officer of Fairfield, has been commissioned in the First Conn. Ambulance Company and ordered to Niantic Camp. Dr. George A. Thielcke of Southport has been appointed Acting Health Officer during the absence of Dr. Nagle.

MORTALITY SUMMARY — JULY

Total deaths for July, 1,553	Death rate.....	14.7
Average death rate for June last five years.....		14.8
Annual death rate 1916.....		16.3
Deaths from communicable diseases.....		253
Per cent of total deaths.....		16.2
Deaths under one year, 252. Rate per thousand births.....		84

CASES—COMMUNICABLE DISEASES

REPORTED BY LOCAL HEALTH OFFICERS

JULY 1917

Cities, Boroughs, and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases See "Notes"	Other Diseases See "Notes"
STATE—TOTAL	1,238,723	46	6	327+	41	261	142	12	3	152	36	4+
Over 50,000 inhabitants:												
New Haven	148,951	6		76	2	23	7	2		23		
Bridgeport	120,688	5		9	10	3	18	4		19		
Hartford	110,354	1		29	5	50	37	2		20	G2+S4	P1
Waterbury	86,342	5	1	4	6	3	8			10		
New Britain	53,344	3		5	1	10	1	1	1	10		
From 25,000 to 50,000 inhabitants:												
Stamford (city)	30,000			11	2	5	1			5		M 1
Meriden (city)	29,046			8+	1		2			2		
Norwalk	26,778	1					4					
From 15,000 to 25,000 inhabitants:												
Danbury (city)	22,452									2		
Norwich (city)	22,236			7			1			4		
New London	20,925			18		65	7			8		
Greenwich (town & boro)	19,037	4		1	1	43				2		
Ansonia	16,634						1					
Manchester	15,465				2		2			s 4		
From 10,000 to 15,000 inhabitants:												
Naugatuck	14,030			1	1		2			9		
Orange	13,838			3			2	1		2		
Middletown (city)	13,208				1	5	3			2		
Willimantic (city)	12,605	5				4						O 1
Enfield	11,531			2	1							
From 5,000 to 10,000 inhabitants:												
Wallingford (boro)	9,861			40			1				s1	
Derby	9,627			5			5		1			
Middletown (town)	9,498									1		
Winchester	9,228	1	5				1					
East Hartford	9,177	1			1							
Rockville (city)	8,391						4			3		
Norwich (town)	8,131				1							
Plainfield	7,857	1					2					
Stonington (town)	7,556									1		
Shelton (city)	7,254						2					
Putnam (city & town)	7,240						3			1		
Fairfield	7,121	2								1		
Stratford	6,945			16	1							
Southington (town & boro)	6,890				1							
Hamden	6,584			11	1	3	1					
Branford (town & boro)	6,251	1				2						
West Hartford	5,781				1	4	4			3		
Seymour	5,533						1			1		
Glastonbury	5,117			2								
Meriden (town)	5,042									1		
From 2,000 to 5,000 inhabitants:												
Milford	4,715	1		26		1	1					
Windsor	4,516						2					
Darien (town)	4,444									1	G 2	
Westport	4,404			2		1						
Stamford (town)	4,211			3	1							
New Canaan (town & boro)	4,085				1	1				1		
Berlin	3,896			2		12+						
Thompson	3,822						1		1			
Thomaston	3,672						2					
Farmington	3,566			1		2						
Salisbury	3,541	3										
Jewett City (boro)	3,502			16								
Wethersfield	3,454			1			1					
Stafford Springs (boro)	3,418									1		
Ridgefield (town & boro)	3,413	1				4						
Killingly (town)	3,401									1		
Plainville	3,297							1				
Waterford	3,212			5								

CASES—COMMUNICABLE DISEASES

(CONTINUED)

Cities, Boroughs, and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever.	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro. Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases See "Notes"	Other Diseases See "Notes"
Portland	3,167	.	.	.	.	4	1	.	.	.	.	.
East Hampton	2,461	.	.	1	.	.	.	.	.	2	.	.
South Windsor	2,393	.	.	.	.	.	.	.	.	1	.	.
North Canaan	2,391	.	.	.	.	1	.	.	.	.	.	.
North Haven	2,308	.	.	2	.	.	.	.	.	.	.	.
East Haven	2,171	.	.	1	.	.	2	.	.	.	.	.
Ellington	2,101	.	.	.	.	.	.	.	.	1	.	.
Groton (boro est.)	2,000	1	.	.	.	1	.	.	.	.	.	.
Under 2,000 inhabitants:												
Cheshire	1,988	.	.	.	.	.	.	1	.	.	.	.
Stonington (boro)	1,966	.	.	.	.	1	.	.	.	.	.	.
East Lyme	1,964	.	.	6	.	.	1	.	.	.	.	.
Wilton	1,770	.	.	.	.	.	1	.	.	.	.	.
Woodstock	1,702	.	.	1	.	.	.	.	.	.	.	.
Somers	1,689	.	.	.	.	.	1	.	.	.	.	.
Trumbull	1,675	1	.	1	.	.	.	.	.	.	.	.
Old Saybrook	1,566	1	.	.	.	.	.	.	.	.	G 1	.
Madison	1,543	.	.	.	.	9	.	.	.	.	.	.
Norfolk	1,498	.	.	1	.	.	.	.	.	.	.	.
Beacon Falls	1,482	.	.	1	.	.	.	.	.	1	.	.
Windham (town)	1,478	1	.	.	.	.	.	.	.	.	.	M 1 +
Chester	1,473	.	.	.	.	.	.	.	.	.	.	.
Preston	1,383	.	.	.	.	.	4	.	.	6	.	.
Burlington	1,379	.	.	1	.	.	.	.	.	.	.	.
Rocky Hill	1,283	.	.	.	.	1	.	.	.	.	.	.
Willington	1,248	.	.	.	.	.	.	.	.	1	.	.
Clinton	1,181	.	.	.	.	2	.	.	.	.	.	.
Tolland	1,180	1	.	.	.	.	.	.	.	1	.	.
Colchester (town)	1,179	.	.	.	1	.	.	.	.	.	.	.
Brookfield	1,134	.	.	.	.	.	.	.	.	1	.	.
Kent	1,064	.	.	1	.	.	.	.	.	.	.	.
Westbrook	991	.	.	1	.	.	.	.	.	.	.	.
Cornwall	921	.	.	.	.	1	.	.	.	.	.	.
Lisbon	900	.	.	1	.	.	.	.	.	1	.	.
Bozrah	898	.	.	1	.	.	3	.	.	.	.	.
Woodbridge	893	.	.	3	.	.	.	.	.	.	.	.
Sherman	516	.	.	.	.	.	.	.	.	1	.	.

Avon, Bridgewater, Bristol, Canton, North Branford, Roxbury, Scotland, Wallingford (town), Watertown, have failed to report. Towns not listed, reported no cases of infectious diseases.

NOTE:—(s) syphilis; (g) gonorrhoea; (o) ophthalmia; (l) leprosy; (c) chicken pox; (m) mumps; (x) septic sore throat; (p) pellagra; (i) la grippe; (a) anthrax; (e) erysipelas; (t) trachoma; (r) rabies; + few; ++ epidemic.

DEATHS REPORTED TO THE STATE BOARD OF • ALSO BIRTHS AND MARRIAGES

Line Number.	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1917.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, July 1916.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut.	1,265,889	2982	92	2005	1553	14.7	15.0	252	102	388
2	Ansonia	16,951	52	...	17	24	16.9	13.7	8	3	6
3	Branford	6,289	9	...	7	11	17.1	17.4	1	3	3
4	Bridgeport	124,717	381	18	274	187	16.9	20.3	36	12	40
5	Bristol	16,313	55	1	30	20	13.2	8.3	4	2	5
6	Danbury	26,365	42	1	24	26	10.0	8.3	...	2	6
7	Derby	9,760	31	3	15	20	18.4	7.4	5	3	2
8	East Hartford	9,400	19	...	11	9	7.6	7.8	2	2	1
9	Enfield	11,916	19	1	24	11	11.0	11.4	3	2	3
10	Fairfield	7,327	21	3	9	10	16.3	13.4	...	1	4
11	Glastonbury	5,185	10	...	3	2	4.6	9.3	...	...	1
12	Greenwich	19,594	51	1	49	22	13.4	15.1	7	1	2
13	Groton	6,875	12	2	9	7	6.9	8.8	1	...	3
14	Hamden	6,896	22	...	13	8	10.4	14.5	1	...	2
15	Hartford	112,832	323	13	243	217	17.1	15.6	47	21	39
16	Killingly	6,374	18	...	12	7	13.1	13.1	2	...	1
17	Manchester	15,855	28	...	20	4	3.0	10.0	...	...	2
18	Meriden	34,522	75	2	66	38	11.1	11.6	8	...	12
19	Middletown	23,127	54	3	26	43	9.3	6.8	...	1	19
20	Naugatuck	14,313	32	1	27	8	5.8	10.2	4	...	2
21	New Britain	55,385	186	2	81	50	10.8	12.5	19	5	5
22	New Haven	152,271	421	12	298	177	12.6	14.7	24	12	41
23	New London	21,198	57	3	45	36	15.2	14.9	5	1	9
24	New Milford	5,157	9	...	6	8	18.6	9.3	...	...	4
25	Norwalk	27,333	48	...	33	36	14.4	13.8	5	1	11
26	Norwich	30,822	74	2	49	45	12.4	13.0	3	2	8
27	Orange	14,386	20	...	19	16	11.6	13.0	6	...	3
28	Plainfield	8,103	8	...	6	5	7.4	15.2	1	...	1
29	Plymouth	6,621	16	...	3	2	3.6	13.2	1	1	...
30	Putnam	7,276	22	...	6	7	8.2	18.2	...	...	4
31	Seymour	5,694	15	1	8	5	10.5	21.6	1	2	...
32	Shelton	7,254	14	...	11	14	14.8	10.0	...	1	2
33	Southington	6,965	20	...	8	8	13.7	12.1	...	...	2
34	Stafford	5,907	6	...	2	8	14.2	16.5	...	...	3
35	Stamford	36,127	76	4	77	38	9.9	13.3	7	3	7
36	Stonington	9,595	14	...	15	8	7.5	8.8	1	1	3
37	Stratford	7,208	23	2	16	12	16.6	13.8	3	2	2
38	Torrington	20,040	42	...	28	11	6.5	8.6	3	...	2
39	Vernon	9,519	12	1	13	13	16.3	8.8	...	...	7
40	Wallingford	12,720	16	1	9	11	9.4	10.6	1	...	5
41	Waterbury	89,195	225	8	151	112	13.0	14.0	23	9	19
42	West Hartford	5,984	8	...	7	5	10.0	22.8	...	2	2
43	Winchester	9,345	17	1	10	14	15.4	16.9	1	...	7
44	Windham	14,403	37	...	16	22	13.3	13.6	1	2	8
Total of above towns . . .		1,043,119	2640	86	1796	1337	13.2	15.6	234	97	308
Towns of less than 5,000 . .		222,770	342	6	209	216	9.6	12.1	18	5	80

Non resident deaths in public institutions are not included in the death rates of the towns.

HEALTH FOR THE MONTH OF JULY, 1917

FOR JUNE, 1917

DEATHS FROM IMPORTANT CAUSES.															EXTERNAL CAUSES.					
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis.	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.	Deaths in Institutions.	Deaths of Non-residents.	Line Number.
8			10	2	8	14	4	151	37	136	15	4	71	119	125	15	4	484	234	1
								3		2				8	1					2
1				1		3		2	2	2				1	1				2	3
								15	7	16	1		12	21	15	2	1	62	11	4
								1					1	1	1				2	5
								2	2	1				1	5			9	4	6
										1		1		1	2	1		9	5	7
														2	2				1	8
									1						3					9
								2	1	1				1						10
										2										11
					2		1	2					4		1			3		12
															4					13
																				14
4			1		3	4		8	1	22	8		17	27	22		1	142	56	15
			1					2		1			1		1					16
								8	3	2			2	2	2	1		11	6	17
						1	1	5		1				5	1			29	25	18
														1					1	19
1							1	3	1	6	1		2	10			1	5		20
			3		1	2		20	4	26	5		10	9	12	4		69	16	21
					1	1		1		2			2		5			13	9	22
								2		1										23
1								4	2	3				1	6			6	3	24
						1		13	1	3			3	1	2			27	13	25
			1					1		2				1					2	26
								1	1					1						27
									1											28
																				29
										2					1			4	2	30
						1		1						1						31
								6	1				1		1			5	5	32
								1								1				33
								3										2	1	34
								1		4			2	4	3	1		10	8	35
													1		2				2	36
										2			1	2	1				2	37
								3							1			3		38
								2		2			1		1					39
								2				1				1		2	1	40
				1				11	4	9			6	16	8	1		25	9	41
								1	2			2						3		42
								1		1				1		1		4	2	43
								1	1	1				1	2			8	6	44
7			10	2	7	13	3	129	35	116	15	4	66	113	110	14	3	451	197	
1						1	1	22	2	20			5	6	15	1	1	33	37	

LABORATORY STATISTICS — JULY

C. J. Bartlett, M. D., Director.

Bacteriological examinations and analyses

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	15	56	—	71
Diphtheria, release	3	54	—	57
Typhoid	13	42	8	63
Malaria	3	5	—	8
Tuberculosis	23	93	—	116
Syphilis	78	283	16	377
Glanders	2	1	1	4
Rabies	7	—	—	7
Gonococcus	3	1	—	4
Milk samples examined (from 24 towns)				345
Water samples examined (from 32 towns)				50
Sewage and effluents examined (from 4 towns)				8
Samples of ice examined				1
Samples of oil tested				3

Total Laboratory operations during July 1114

METEOROLOGICAL SUMMARY—JULY, 1917

MONTHLY SUNSHINE RECORD

Hours actual sunshine, 194.3. Hours possible, 461.4. Percentage of possible sunshine, 42.

WEATHER.

Number of days, clear.....	5
Partly cloudy.....	14
Cloudy.....	12
On which .01 inch, or more, occurred	10

Total Precipitation this month in

1905-2.71	1906-5.09	1907-1.86	1908-5.74
1909-1.59	1910-2.47	1911-2.97	1912-2.90
1913-1.83	1914-4.30	1915-6.97	1916-3.52
1917-4.07			

PRECIPITATION.

Total this month.....	4.07
Total snowfall.....	0.0
Greatest precipitation in 24 hours, on the 24th.....	1.41
Snow on ground end of month.....	0.0
Normal for this month.....	4.11
Deficiency for this month as com- pared with the normal.....	0.04
Accumulated deficiency since Jan. 1 ..	2.56

ATMOSPHERIC PRESSURE.

(Reduced to sea level; inches and hundredths.)
Mean ... 29.96; highest 30.24..date 25th
Lowest ... 29.67..date 11th
Mean monthly relative humidity.....77%

TEMPERATURE.

Highest...97, date 31st; lowest 57, date 6th;
Greatest daily range 28date 6th;
Least daily range 7.....date 11th;
Mean highest...82.4; lowest..... 64.8

Mean for this Month in

1905-73	1906-72	1907-73	1908-75
1909-71	1910-74	1911-75	1912-73
1913-73	1914-60	1915-72	1916-74
1917-74			

Mean for this month.....	73.6
Normal for this month.....	71.6
Absolute maximum for this month for 13 years.....	100
Absolute minimum for this month for 13 years.....	48
Average daily excess this month as compared with normal ..	2.0
Accumulated deficiency since Jan. 1..	160
Average daily deficiency since Jan. 1.	0.8

WIND

Prevailing direction..... S.
Total movement.....5094 miles
Average hourly velocity......68
Maximum velocity (in five minutes)
35 miles per hour, from W. on 2nd.

U. S. Department of Agriculture Weather Bureau, Hartford Station.

WILLIAM W. NEIFERT, METEOROLOGIST

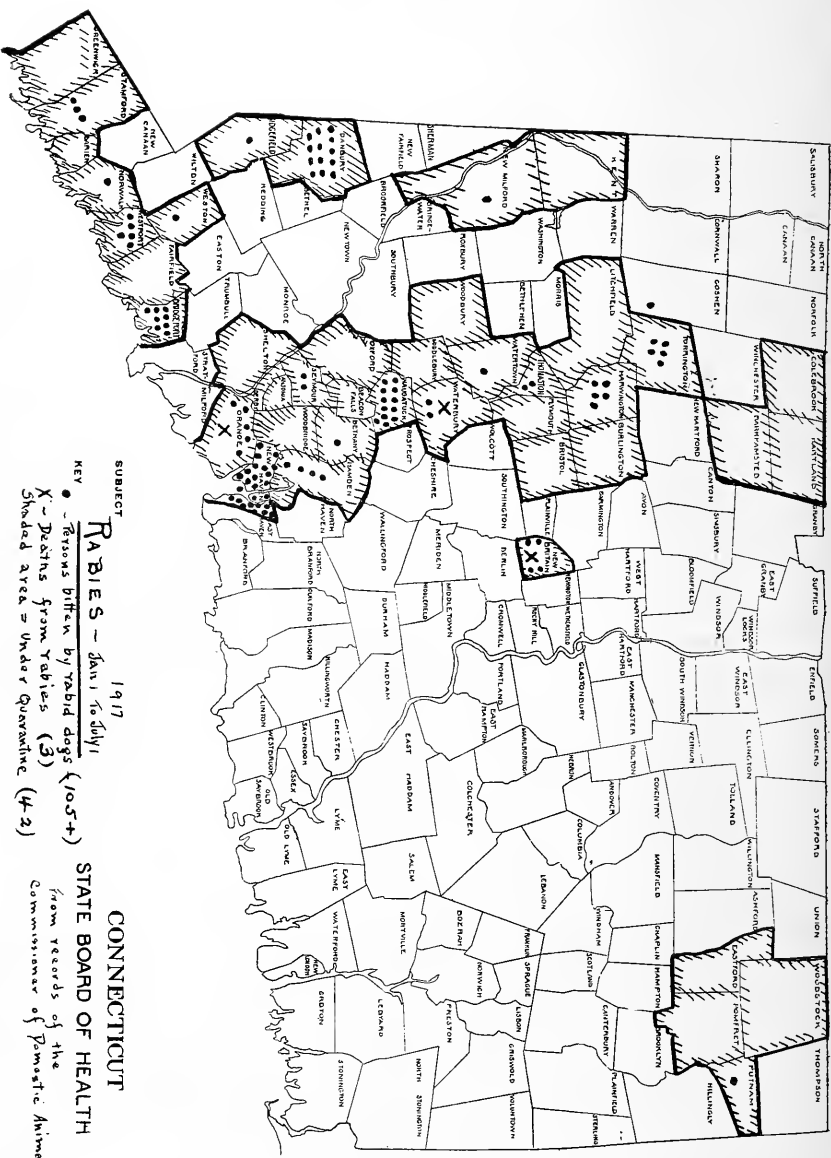
DO YOU KNOW THAT

Keeping healthy is a part of
doing "your bit"?

He who is too busy to care
for his health may have to
take time to cure disease?

Good health is the foundation
of personal usefulness either
in peace or in war?

Universal public health service
is the duty of the Nation?



SUBJECT

1917

RABIES - Jan 1 to July 1

KEY

• - Deaths from Rabies (3)

X - Deaths from Rabies (3)

Shaded area = Under Quarantine (4-2)

CONNECTICUT

STATE BOARD OF HEALTH

from records of the

Commissioner of Domestic Animals.

29 SEPT '7



Connecticut Health Bulletin

Issued Monthly by

The State Department of Health

JOHN T. BLACK, M. D., *Commissioner*

SEPTEMBER, 1917

HEALTH is an interest-bearing
asset—

DIRT, DISEASE and DEATH
are liabilities borne on the books
of the Commonwealth.

THE STATE DEPARTMENT OF HEALTH

HARTFORD, CONNECTICUT

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INDUSTRIAL WASTES BOARD

PUBLIC HEALTH COUNCIL

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Address all communications to

THE COMMISSIONER OF HEALTH

STATE CAPITOL

HARTFORD

Telephone—Charter 577

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VOL. XXXI

HARTFORD, SEPTEMBER 20, 1917

No. 9

THE INDUSTRIAL WASTES BOARD

The General Assembly of 1917 passed an act creating an Industrial Wastes Board to be composed of the members of the Public Health Council and five others, two of whom must be manufacturers. The Governor wisely appointed, in addition to the two manufacturers, two sanitary engineers and the president of the Oyster Growers' Association. This board of twelve representing all interests is charged with the tremendous task of solving the problems of stream pollution and taking such action as it deems necessary and feasible to restore the streams to their natural condition.

All the larger streams of the state and many of the smaller ones are now grossly polluted by both domestic sewage and factory waste. Domestic sewage alone would be a comparatively simple problem but when combined with industrial wastes of various kinds the problem becomes most complex. Connecticut is an industrialized state, almost every community having its factory or group of factories, and every stream getting its dose of acid, dyes or other chemicals.

The state health officials have in recent years studied the stream conditions by survey and analysis—the condition of the water has been ascertained, the points of pollution located and the character of the polluting substances determined, but nothing has been accomplished toward elimination of the pollution. In 1915, authority was given to prevent further pollution but no funds were provided to carry out the act. This year \$25,000 was appropriated for the two year period and the special board provided to carry on the work.

It will be years before any great amount of pollution will be removed from our streams although from now on each year should show some improvement. There are many who suffer because of stream pollution who feel that health authorities should secure pre-emptory abatement but it must be remembered that present conditions are the result of small additions covering many years. The municipalities or manufacturers in many instances had little thought as to the ultimate effect upon the streams.

FACTORY WASTE



CITY WASTE



A man sewered his house into a nearby stream and it was barely noticeable, his neighbors followed his example and the stream became somewhat objectionable, but when the authorities decided to give the entire community the same privilege by establishing sewers to discharge into the stream its condition became unbearable.

A manufacturer after burning his charcoal for years in pits, learns that by using iron retorts he can secure valuable chemicals which formerly escaped in the smoke and gases. The new plant is constructed on the site of the old and the acids and tar wastes from the processes of purification make their way into the nearby stream. In both of the cases cited the pollution is the result of development and to order pre-emptory abatement would be to do an injustice to the individual and to the community.

While the health authorities have never contemplated such drastic action, municipal authorities and owners of industrial establishments have naturally resented the merest suggestion of action that might result in serious inconvenience or possible financial embarrassment. At the same time several of the more progressive cities and manufacturers have, on their own initiative, spent thousands of dollars in an effort to purify or otherwise dispose of their wastes. The Industrial Wastes Board is the result of a complete understanding between the health authorities and the manufacturers and it assures a co-operation that will unquestionably hasten the elimination of the pollution of the streams of our state.

READY FOR BUSINESS

The Industrial Wastes Board is at work and has determined to take up the various problems in the order in which applications for assistance are received. It is expected that many more calls for help will be received than the limited appropriation will care for. See Chapter 284, Section 9, Public Acts 1915.

HOW MUCH DOES YOUR TOWN PAY?

Health Officers' reports last year show that the smaller towns of the state are paying out very small sums for the protection of their health. At the present time most towns are working on their annual budget and they should seriously consider the amount to be allotted for health. IF the town has a death rate of nine per thousand or less, IF its records show no deaths from tuberculosis or other preventable diseases, IF not more than 5 per cent of the babies born have died and IF the school attendance has been 98 per cent perfect, the amount expended last year will probably be ample for the coming year.

The above standard IS POSSIBLE and has been reached, but not in Connecticut. It means that any community reaching this standard is saving its citizens thousands of dollars a year at a comparatively small expenditure. A good health officer can guarantee his town officials to save a life with every \$500 placed at his disposal, and a well trained health officer can accomplish the same result with \$200.

The State Department of Health has been working on a 2 cent per capita basis—this coming year it will have a little over 4 cents but it should have 8 or 10 cents to properly serve the state.

From the Health Officers' reports last year the following per capita expenditures were tabulated, to which we have added the amount we think necessary to expend to properly protect the health.

CONNECTICUT TOWNS AND CITIES

Average Per Capita Expenditures, 1916

	For Health	Expended	Advised
Cities of over 50,000 population		.40	.65
“ “ 25 to 50,000 “		.136	.50
“ “ 15 to 25,000 “		.13	.40
“ “ 10 to 15,000 “		.075	.30
Towns “ 5 to 10,000 “		.07	.25
“ “ under 5,000 “		.045	.20

THIS SHOWS THAT MANY TOWNS HAVE NOT SPENT ENOUGH MONEY FOR HEALTH TO BUY EACH PERSON A CHEAP CIGAR OR A BAG OF PEANUTS.

THE UNNECESSARILY UNFIT

The examination of those called in the selective draft shows an appalling number of men physically deficient for military service by reason of preventable and curable abnormalities. The number of men rejected because of having hernia, varicose veins, and hemorrhoids, argues well for compulsory physical examination of all youths every year or two in order that those physically deficient might be given the proper care in order to conserve the man power for the state.

The want of proper food, hygiene and environment, and the failure to seek proper medical advice, is responsible for no small number of rejections.

Aside from the value to the State of having each man as physically fit as possible the gain to the individual would be of immense value.

—*New Britain Monthly Report.*

THE WAR AND THE SPREAD OF INFECTIOUS DISEASE

The youthful poet, Tennyson, nearly a century ago, dreamed of a "parliament of man, the federation of the world." The vision seen by him and other prophets was that of a peaceful congress of the world's peoples, assembled in conclave for the settlement of disputes and exchange of new ideas in government, art and science. At such a gathering the disease peculiar to a certain corner of the earth would be discussed by the representatives of that section, and ways and means devised by which it could be exterminated and thus prevent it from spreading to other portions of the globe. Instead of exchanging ideas for such meritorious objects as the defeat of disease, the peoples now gathered from the four corners of the earth in the present war are actually disseminating strange maladies brought with them. Truly, the "shot heard round the world" fades into silence beside the bullet from that Serbian student's revolver on June 28, 1914.

The mobilizing of colonists of the warring nations and the vast extent of the amphitheater of war gives rise to many anomalous circumstances. Thus Fiji Islanders appeared in battle array on the fields of France; Irish and Scotch fought in Turkey, and Arabs, Algerians and Sudanese stood shoulder to shoulder on the firing line in Flanders. Thus men have been suddenly transported to an environment and climate new to them and entirely opposite to their native one; they have been obliged to associate with men of other nationalities and habits, bearing with them the seeds of strange diseases. The conditions under which modern warfare is waged had their part in the production of disease. Soldiers dug themselves into ground saturated with manure. The artificial and severe conditions of trench life gave rise to trench foot, trench back, trench fever, nephritis, etc. Lice became a plague to the armies, and from the lice came typhus. The French army was not protected against typhoid, and at first thousands fell victim to the disease. The Germans in Galicia were attacked by cholera, and everywhere tetanus, gangrene, and the gas bacillus became a trinity of terror.

However, looking at it broadly, this war has been a remarkably healthy one. Before this, each war has had its attendant diseases. Thus in the Franco-German War of 1870 there were 74,205 cases of typhoid in the German army, and of these 8,904 men died. When the German troops returned to their homes they brought with them an epidemic of smallpox from which there were more than 170,000 deaths. There has been nothing in the present war comparable with this. Indeed the average soldier, owing to the open-air life, the compulsory hygiene, and the discipline, is in better health than he was before the war began. Then the decline in the birth rate and the tremendous mortality in modern fighting have turned the nations to a closer study of prenatal care and infant welfare, with a consequent decrease of infant mortality. The vast number of cripples produced by the present-day engines of destruction has given rise to ingenious methods for making these unfortunates useful to society and to themselves.

It has been shown over and over again that those nations which were most efficient in public hygiene produced the healthiest troops for battle and kept them freest from disease. The United States may profit by this lesson. To be sure, civil and military hygiene have reached a high degree of efficiency here, but perfection has not yet been attained. The existence of the nation depends on its army and navy; they depend on the health of their units, the fighting men and this again depends on the **public health system of the nation.** Let us then fight disease with every possible weapon, benefiting by the experience of the European nations, and sparing no pains to make our troops the healthiest in the world.

—(N. Y. Med. Jour.)

RABIES QUARANTINE

Since our last issue in which we discussed Rabies, the disease has rapidly spread and the Commissioner of Domestic Animals has ordered all dogs west of the Connecticut River under restraint. It is expected that all health officers will assist in every way possible in maintaining this quarantine

A TOWN'S BEST ADVERTISING

"A town without flies is the best advertising a town can have," said a business man the other day. And when he was asked why he thought so, he replied: "There are several reasons. First, everybody knows that a town without flies is a clean town, a healthful town, where health matters receive due attention. You would expect to find in it clean streets and alleys, clean food shops and markets, and clean grocery stores and restaurants. It is where you would feel easy to sit down and eat without feeling suspicious about the food that is served you.

"In the second place, it is a town that has no filthy, fly-breeding stables and open surface closets. It takes care of its sewage and garbage and deems the health of its citizens worth protecting. For this reason you feel like such a town is a good place in which to live.

"In the third place, it would be a town practically free from typhoid fever, infantile diseases, cholera and other fly-borne diseases, to say nothing of other improved health conditions and the comforts brought about by cleanliness and the absence of flies."—*North Carolina Board of Health.*

AMERICAN PUBLIC HEALTH ASSOCIATION MEETING

Washington, D. C., October 17-20

The Executive Committee of the Association has deemed it advisable on account of war conditions to change the place of the next annual meeting from New Orleans to Washington. The date of meeting has also been changed to October 17-20, inclusive. Connecticut members are urged to attend this important session.

DOCTORS AND UNDERTAKERS

Many professions impose upon the members thereof certain duties of a more or less public character. These duties are required with little or no compensation and yet they are in most instances willingly and faithfully performed.

A most important duty, jointly imposed in this state upon physicians and undertakers, is the making out of death certificates. While this is done in a perfunctory manner by some, the records as a whole show careful consideration of the items of information required.

Death certificates, if accurate and complete, are of inestimable value in the study of the cause, progress and distribution of disease, and the knowledge thus acquired enables the task of controlling and eliminating disease to be carried on intelligently and effectually.

Disease is no longer fought by shot-gun methods — a rifle, clean and true, will reach the mark more quickly and more surely. True and accurate sights are necessary for these rifles. The doctor and undertaker are the ones who can furnish accurate sights—accurate statistics.

It is our desire at this particular time to direct attention to Item 5 of the death certificate, which refers to the occupation of the deceased. Undertakers are urged to insert all the information obtainable relative to the occupation of the deceased for a year or more prior to the last illness. Physicians should, under "Remarks," or under Item 5, add such information as will aid in ascertaining the probable source of the malady of the deceased.

One-half of present sickness can be prevented. Will you do your part toward eliminating this unnecessary loss?

A circular relating to this subject has been recently sent to every physician in the county by Samuel L. Rogers, Director of the U. S. Census. The following are extracts from this letter:

"More accurate and definite statements of the occupations of decedents should be written upon death certificates. Until this is done mortality statistics by occupations will continue to be unsatisfactory.

The Bureau of the Census is planning for the near future a monograph on tuberculosis. How much more valuable this monograph will be if it is possible to show accurately the occupations of decedents.

As a physician, you appreciate the importance of such statistics. As a physician you are, by education, better qualified than the ordinary informant to understand a proper statement of occupation.

Will you not, therefore, take pains to see that the occupation items upon each one of your death certificates are properly supplied?"

MORTALITY SUMMARY—AUGUST

Total deaths for August.....	1792	Death rate.....	16.9
Average death rate for August last five years.....			15.5
Annual death rate 1916.....			16.3
Deaths from communicable diseases.....			229
Per cent of total deaths.....			12.7
Death under one year 421. Rate per thousand births.....			140

CASES—COMMUNICABLE DISEASES

REPORTED BY LOCAL HEALTH OFFICERS

AUGUST 1917

Cities, Boroughs, and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases	See "Notes"	Other Diseases	See "Notes"
STATE—TOTAL	1,238,723	73	1	108	41	175 +	104	6	6	153		25	13	
Over 50,000 inhabitants:														
New Haven	148,951	8		27	2	24	6	1		18				
Bridgeport	120,688	16		4	6	2	22		1	32				
Hartford	110,354	8		10	5	41	25	2		23	6	10	s1	p1
Waterbury	86,342	9		2	1	1	4	1		8				
New Britain	53,344	3		2	1	5	3			16				
From 25,000 to 50,000 inhabitants:														
Stamford (city)	30,622	4		2	1	4	2			4			C ^R G ⁷ M ²	
Meriden (city)	29,046			3	2		1			2				
Norwalk	26,778	1			3					1		G2		
From 15,000 to 25,000 inhabitants:														
Danbury (city)	22,452	2								4				
Norwich (city)	22,236	4		2	1		2			3				
New London	20,925	1		3	4	31	2	1		2				
Greenwich (town & boro)	19,037	2			1	1	1			1				
Torrington (boro)	18,000	2												
Ansonia	16,634						1			2				
Bristol (city & town)	15,817						1			2				
Manchester	15,465						1			5			s7	
From 10,000 to 15,000 inhabitants:														
Naugatuck	14,030	1										G1		
Orange	13,838	1			1		1			2				
Middletown (city)	13,208					3	1							
Enfield	11,531			2										
From 5,000 to 10,000 inhabitants:														
Wallingford (boro)	9,861			25				1		3				
Derby	9,627	1					1			1				
Winchester	9,228		1							1				
East Hartford	9,177									1				
Rockville (city)	8,391	1				1				3				
Norwich (town)	8,131	1					2							
Plainfield	7,857				1	+	1							
Putnam (city & town)	7,240						1							
Fairfield	7,121				4		2			2				
Shelton (city)	7,129					1								
Stratford	6,945	2					1							
Hamden	6,584	1		1			1							
Plymouth	6,336	1					1					G1		
Branford (town & boro)	6,251					7				2		G1		
West Hartford	5,781						1							
Seymour	5,533									1				
Glastonbury	5,117			2			1			2				
From 2,000 to 5,000 inhabitants:														
Groton (town)	4,814				1									
Milford	4,715	1		4		14								
Windsor	4,516					3								
Darien (town)	4,444									1				
Watertown	4,300				2	3								
New Canaan (town & boro)	4,085												M1	
Suffield	4,033					6	2							
Berlin	3,896			2		3								
Thompson	3,822						1							
Thomaston	3,672						1							
Farmington	3,566											G1		
Jewett City (boro)	3,502			8	1									
East Windsor	3,484							3						
Danbury (town)	3,466			2										
Stafford Springs (boro)	3,418	1						3						
Portland	3,167					3	3							
Guilford (town & boro)	3,130	1												
Canton	2,764									1				
Wallingford (town)	2,585						3							
North Canaan	2,391					2						G1		
East Haddam	2,385					2				1				

CASES—COMMUNICABLE DISEASES

(CONTINUED)

Cities, Boroughs, and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases See "Notes"	Other Diseases See "Notes"
Cromwell	2,282	1					1			1		
East Haven	2,171									1		
Saybrook	2,070									1		
Mansfield	2,067				1							
Pomfret	2,013									1		
Groton (boro est.)	2,000					2			1	1		
Under 2,000 inhabitants:												
Cheshire	1,988				1							
Stonington (boro)	1,966					1						
East Lyme	1,964						1			1		
Haddam	1,924						2					
Wilton	1,770				1							
Madison	1,543					2						
Lebanon	1,517						1					
Norfolk	1,498											P1
Windham (town)	1,478					4						
Chester	1,473					1						
Granby	1,433						1					
Preston	1,383									2		
Rocky Hill	1,283					2						
Willington	1,248					2						
Old Lyme	1,181					2						
Brookfield	1,134									1		
Durham	1,064					1						
Ledyard	985				1							
Bozrah	898			5								
Woodbridge	893			2								
Voluntown	724					1	1			1		
Goshen	579									1		

Avon, Bridgewater, Canaan, Middletown (town), Morris, Roxbury, Simsbury and Willimantic (city) have failed to report. Towns not listed reported no cases of infectious diseases.

NOTE:—(s) syphilis; (g) gonorrhoea; (o) ophthalmia; (L) leprosy; (c) chicken pox; (M) mumps; (x) septic sore throat; (P) pellagra; (I) la grippe; (A) anthrax; (E) erysipelas; (T) trachoma; (R) rabies; + few; ++ epidemic.

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Line Number.	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census Aug. 1, 1917.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, Aug. 1916.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut.	1,265,889	3191	96	1152	1792	16.9	16.3	421	144	378
2	Ansonia.....	16,951	52	2	16	30	21.2	12.9	13	3	5
3	Branford.....	6,289	7	...	4	8	13.3	11.5	2	2	...
4	Bridgeport.....	124,717	450	17	149	178	15.9	19.1	65	17	2
5	Bristol.....	16,313	63	1	20	19	12.5	12.1	4	6	5
6	Danbury.....	26,365	41	...	13	54	21.3	9.7	12	5	9
7	Derby.....	9,760	36	2	12	17	14.7	14.9	2	4	4
8	East Hartford.....	9,400	22	...	7	6	7.6	3.9	2	1	...
9	Enfield.....	11,916	23	...	23	14	12.0	17.6	1	3	3
10	Fairfield.....	7,327	28	2	7	14	21.2	20.2	7	1	1
11	Glastonbury.....	5,185	13	1	5	6	11.5	14.0	...	1	1
12	Greenwich.....	19,594	44	...	33	23	13.4	16.3	7	3	8
13	Groton.....	6,875	11	...	11	10	13.8	0.0	1	...	7
14	Hamden.....	6,896	17	2	1	7	12.1	14.5	...	...	2
15	Hartford.....	112,832	379	18	126	212	17.7	14.8	45	18	36
16	Killingly.....	6,374	9	...	5	6	11.2	14.9	1	2	1
17	Manchester.....	15,855	27	...	15	9	6.0	12.4	2	...	1
18	Meriden.....	34,522	87	1	21	46	13.5	11.6	13	4	10
19	Middletown.....	23,127	50	6	17	54	12.4	10.5	4	...	18
20	Naugatuck.....	14,313	33	...	10	17	14.2	8.5	3	1	2
21	New Britain.....	55,385	160	6	37	79	15.8	11.6	27	6	13
22	New Haven.....	152,271	458	...	155	215	15.4	16.5	47	21	54
23	New London.....	21,198	67	1	31	36	18.1	16.0	7	3	10
24	New Milford.....	5,157	2	...	1	8	18.6	11.6	1	...	1
25	Norwalk.....	27,333	50	1	16	24	9.2	12.0	5	...	5
26	Norwich.....	30,822	70	3	33	37	12.0	12.6	12	4	6
27	Orange.....	14,386	20	...	5	14	10.0	13.8	3	1	5
28	Plainfield.....	8,103	9	...	6	4	4.4	10.6	1	...	1
29	Plymouth.....	6,621	9	...	7	4	7.2	7.5	...	3	...
30	Putnam.....	7,276	15	1	5	7	6.5	18.2	1	1	2
31	Seymour.....	5,694	14	...	2	15	3.1	6.5	9	...	3
32	Shelton.....	7,254	19	...	7	9	14.8	3.3	2	2	...
33	Southington.....	6,965	22	2	7	11	18.9	19.1	3	...	8
34	Stafford.....	5,907	5	2	7	1	2.0	6.2	...	...	1
35	Stamford.....	36,127	106	3	43	45	12.2	18.2	13	3	...
36	Stonington.....	9,595	27	...	13	10	12.5	16.3	3	...	5
37	Stratford.....	7,208	24	1	8	19	31.6	13.8	10	1	4
38	Torrington.....	20,040	46	3	19	23	12.5	14.1	7	1	5
39	Vernon.....	9,519	20	1	9	7	8.8	6.3	1	...	2
40	Wallingford.....	12,720	30	1	9	19	16.0	11.5	5	4	4
41	Waterbury.....	89,195	226	8	80	125	16.0	17.0	25	5	18
42	West Hartford.....	5,984	6	1	1	9	14.0	10.3	3	1	3
43	Winchester.....	9,345	22	1	7	4	5.1	10.4	2	1	...
44	Windham.....	14,403	34	1	13	17	10.8	20.4	2	1	4
Total of above towns,...		1,043,119	2853	88	1016	1472	16.0	16.5	373	129	269
Towns of less than 5,000..		222,770	338	8	136	320	17.2	15.0	48	15	109

Non-resident deaths in public institutions are not included in the death rates of the towns.

HEALTH FOR THE MONTH OF AUGUST, 1917

FOR JULY, 1917

DEATHS FROM IMPORTANT CAUSES.															EXTERNAL CAUSES.			Deaths in Institutions.	Deaths of Non-residents.	Line Number
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.			
17			6		19	16	2	131	29	93	7	2	51	292	239	18	4	477	257	1
						1		2		1			1	10	4					2
						1		1	1						2				1	3
2					2	1		15	4	9	1	1	7	40	22	1		73	12	4
					3	1				1				4	2	1			2	5
								5		3				9	5		1	12	7	6
						2	1	1	1	2			1	2				6	5	7
														2						8
			1		1			3					1		2				2	9
						1								8	2				1	10
1					4		1			3		1	2	2	1				1	11
										1				1	1			2	2	12
								1						1	1					13
														1						14
2			1		3	3		10	3	12	1		6	33	38	2		116	45	15
								3	1	1			1	2						16
			1					4	2	3			2	9	5	1	1	11	7	17
								6					3	4	9		1	32	30	18
								1					1	3						19
						1		4		4			3	18	10			15	6	20
1					3	1		10	7	17	2		13	30	27	2		70	19	21
					2	1		2		1			1	6	7	2		11	4	22
								1							1					23
								2	1	3				3	3			4	3	24
1						1		5						10	5	1		12	6	25
			1											2	1				2	26
														1	1				1	27
															1					28
										1										29
										1				2	1			2	3	30
								4						6	3					31
								1		1				4		1				32
														2	1					33
																1				34
1								5	1	2			2	10	2			13	8	35
								1		1			1	1	1					36
								2		1				7	3					37
1								3						7	3			8	2	38
														1						39
			2					1			1			5	2			1	2	40
7								15	4	6	1		3	12	12	2		40	6	41
								1						4	2			6	2	42
									1					2		1		1		43
										3			1		5			8	4	44
16			6		18	13	2	109	27	76	7	2	48	261	188	14	4	443	185	
1					1	3		22	2	17			3	31	51	4		34	72	

LABORATORY REPORT — AUGUST

Dr. C. J. Bartlett, Director

Bacteriological examinations and analyses

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis,	10	92	—	102
Diphtheria, release,	5	30	—	35
Tuberculosis,	13	85	—	98
Typhoid,	28	59	7	94
Syphilis,	85	453	44	582
Malaria,	2	4	—	6
Rabies,	16	—	1	17
Gonococcus,	3	16	1	20
Glanders,	4	—	1	5
Anthrax,	—	2	—	2
Milk samples examined (from 23 towns)				253
Water samples analyzed (from 29 towns)				60
Sewage and effluents examined (from 3 towns)				6
Oil samples tested				4

Total Laboratory operations during August, 1,284

MONTHLY METEOROLOGICAL SUMMARY

Hartford, Connecticut, for August, 1917

MONTHLY SUNSHINE RECORD

Number of hours actual sunshine, 264.1

Number of hours possible, 428.7

Percentage of possible sunshine, 62

WEATHER

Number of days, clear	15
Partly cloudy	12
Cloudy	4
On which .01 inch, or more, occurred	10

Total Precipitation this month in

1905-5.08	1906-2.65	1907-1.03	1908-6.74
1909-3.35	1910-2.98	1911-5.56	1912-3.02
1913-3.89	1914-1.96	1915-6.83	1916-3.44
1917-6.92			

PRECIPITATION

Total this month	6.92
Total snowfall,	0.0
Greatest precipitation in 24 hours,	
date 29-30	3.61
Snow on ground end of month	0.0
Normal for this month	4.56
Excess of this month as compared	
with the normal	2.36
Accumulated deficiency since Jan. 1.	0.20

ATMOSPHERIC PRESSURE

(Reduced to sea level; inches and hundredths)
Mean . . . 30.01; highest 30.33 . . . date 31st
Lowest 29.60 date 24th
Mean monthly relative humidity 75%

TEMPERATURE

Highest . . 100, date 1st; lowest 56; . . date 27th.
Greatest daily range 28 date 27th.
Least daily range 8; date 22nd.
Mean highest . . . 82.5; lowest . . . 64.1

Mean for this Month in

1905-68	1906-73	1907-69	1908-69	1909-69
1910-69	1911-70	1912-68	1913-71	1914-71
1915-69	1916-72	1917-73		

Mean for this month	73.3
Normal for this month	68.9
Absolute maximum for this month for	
13 years	100
Absolute minimum for this month for	
13 years	43
Average daily excess this month as	
compared with normal	4.4
Accumulated deficiency since Jan. 1	26
Average daily deficiency since Jan. 1.	0.1

WIND

Prevailing direction South
Total movement 4,928 miles
Average hourly velocity 6.6
Maximum velocity (in five minutes) 30
 miles per hour, from S. W. on 2nd.

U. S. Department of Agriculture, Weather Bureau.

WILLIAM W. NEIFERT, METEOROLOGIST

SPECIAL NOTICE

TYPHOID NEEDS WATCHING

After a year of very little typhoid an increase is shown by the following statistics. TYPHOID IS A TREACHEROUS DISEASE and every health officer should IMMEDIATELY and THOROUGHLY investigate every case reported to him. If unable to locate and eliminate the source of infection NOTIFY THIS DEPARTMENT PROMPTLY and an epidemiologist will be sent at once to assist you.

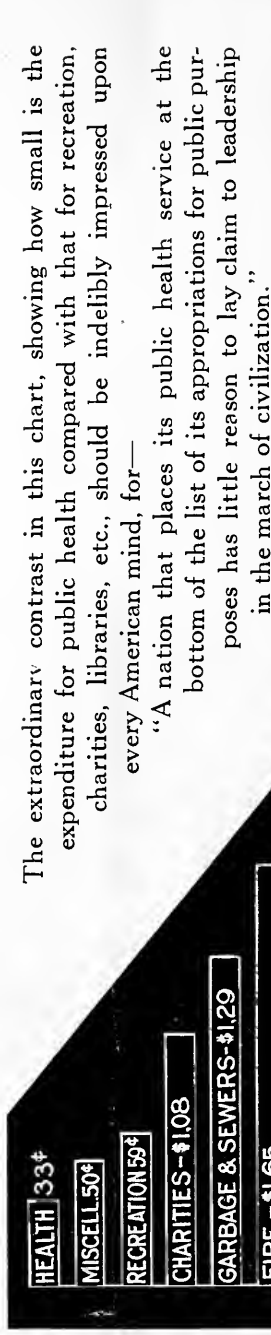
TYPHOID FEVER

1915	1916	1917
J U L Y	J U L Y	J U L Y
Cases 72	Cases 31	Cases 46
Deaths 11	Deaths 10	Deaths 8
 AUGUST	 AUGUST	 AUGUST
Cases 266	Cases 96	Cases 72
Deaths 14	Deaths 6	Deaths 17

How Much is Your City Spending for Health?

Per Capita Expenditures of 184 Cities

(From United States Census, 1910)





Connecticut Health Bulletin

Issued Monthly by

The State Department of Health

JOHN T. BLACK, M. D., *Commissioner*

OCTOBER, 1917

Health is Wealth

He spent his health to get his wealth,
And then, with might and main,
He turned around and spent his wealth
To get his health again.

Buffalo Sanitary Bulletin

THE STATE DEPARTMENT OF HEALTH

HARTFORD, CONNECTICUT

COMMISSIONER

JOHN T. BLACK, M. D.

DIRECTOR — BUREAU OF VITAL STATISTICS THE COMMISSIONER
DIRECTOR — BUREAU OF LABORATORIES.....C. J. BARTLETT, M. D.
DIRECTOR — BUREAU OF PREVENTABLE DISEASES .. T. EBEN REEKS, M.D.
DIRECTOR — BUREAU OF SANITARY ENGINEERING..J. FREDK. JACKSON, C.E.

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THE COMMISSIONER OF HEALTH

STATE CAPITOL

HARTFORD

Telephone—Charter 577

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VOL. XXXI

HARTFORD, OCTOBER 20, 1917

No. 10

PUBLIC HEALTH WORK UNDER WAR-TIME CONDITIONS

All are familiar with the saying "war is hell" and all realize that war is most destructive and disastrous, yet how many appreciate the fact that destruction and disaster are not confined alone to the regions of actual warfare?

Our nation is entering the most terrific struggle of all times, and we know that it will call for a great sacrifice of men and money—we know that it will be "hell," as far as those actually engaged are concerned, but we must awake to the fact that there are terrible consequences of war which must be faced by those at home.

It is the tendency of war to shift populations—to alter social conditions—and to generally demoralize the habits and institutions of any nation. This is particularly true of an unprepared, peace-loving nation like ours, and even at this early date, the ill effects of war are showing in our midst.

Let us take up just one phase of this question—and a most important one—public health work under war-time conditions.

While the preservation and protection of public health is undertaken under peace conditions as a humanitarian and economic proposition, under war conditions it must be undertaken as an absolute necessity for the safety of the nation and the successful consummation of the war. The larger the percentage of healthy, able-bodied citizens at home, the more successfully can war be waged, and yet the effect of war is to reduce this percentage. To maintain or increase the efficiency of workers at home and to combat the extraordinary conditions prejudicial to public health becomes the imperative duty of health officials and health workers.

Just what are some of these extraordinary conditions prejudicial to public health?

The increased travel of soldiers and civilians from one part of the country to another favors the dissemination of infectious diseases.

The shifting of populations to congested centres results in overcrowded, insanitary housing conditions.

Long hours for men—female and child labor made necessary by war—jeopardize health.

Shortage of food and of other necessities results in decreased vitality with increased susceptibility to disease.

General chaotic conditions favor social crimes and the violation of many institutions established for the protection of the lives and health of the people.

In times of peace we, as health officials, look to the physician for co-operation, knowing that very little can be accomplished without his co-operation, but now, in war-time, we shall look to the physician, not only for co-operation, but also for assistance—rather, we want every physician to feel that he is a part of the health system of the state and that all his efforts toward preserving and protecting public health are assisting in winning this war.

Let us suggest some ways in which each and every physician can be of assistance:

1. In every case, or suspected case, or carrier of infectious disease, give the same energetic consideration you would if you discovered a German spy.
2. Go out of your way to find "Belgian Babies" in your town—that is, babies not receiving the food, clothing, or care which they should.
3. If you find a landlord compelling his tenants to live amid foul and poisonous gases, give him no quarter.
4. Vice, immorality, violations of medical laws, and other infractions tending to affect the health of the community should be acted upon without hesitation by seeing that the proper authorities are given the information that has fallen into your hands.

Physicians get closer to the individual and to the home than any other class, therefore, are in a position to do the most good. The physician's responsibilities in time of peace are many, in time of war they are multiplied. Let us not be slackers, but do our full duty as a patriotic profession in the promotion of public health and welfare.—*Paper read before Fairfield Co. Med. Ass'n—J. T. Black.*

DIPHTHERIA—DELAY—DEATH

During the last three weeks, four cases of diphtheria have come to our attention which resulted fatally from the failure to recognize the disease sufficiently early to administer antitoxin.

Twenty years ago antitoxin came into general use and the deaths from diphtheria dropped, on an average of from 8 per 10,000 population to less than 3. This low record was maintained until the last few years, when it began to show a gradual increase.

When antitoxin was first introduced, it was the rule to administer it immediately in all cases where a diagnosis of diphtheria could not be absolutely excluded, but with the subsequent practice of taking cultures to determine a diagnosis, administration of antitoxin has been frequently delayed until the laboratory report is obtained.

Confirmatory laboratory evidence is of unquestionable value in the control of diphtheria epidemics, but we believe it has resulted most unfortunately in the handling of individual cases of the disease. If the laboratory

report could be obtained within a few hours from the taking of the culture there would be no great disadvantage in waiting, but it is often days before a report is received and then it is too late for antitoxin to be of service. Often, too, cultures from a positive case of diphtheria will not show the Klebs-Loeffler bacillus on the first examination, for reasons which we will not discuss at the present time.

Doctors are therefore urged to return to the old rule and *in all cases where there is a least suspicion of diphtheria, give antitoxin immediately and in sufficient dosage (5,000 or 10,000 units.)* After this is done, cultures can be taken of the nose and throat for future guidance in the case and for the control of the disease.

Had this course been followed in the four cases mentioned, and many more which have not come to our attention, we believe that many children would be alive who are now dead of diphtheria.

Antitoxin, as now supplied by this Department, is the best obtainable and is prepared with great care. It is perfectly safe in all respects and can not injure the smallest child, even if it should be found after administration, that the child had not been suffering from diphtheria.

HEALTH OFFICERS' DUTIES

Coming in contact with health officers throughout the state, we have been surprised to find that there exists an impression that they cannot act in health matters without specific complaint being made. It has also been observed that health officers perform their duties in an apologetic manner.

These impressions we desire to correct. It is plainly the health officer's duty to investigate and assure himself that there are no places or conditions within his jurisdiction prejudicial to public health. The law clearly states that the health officer has all powers necessary and proper for the preservation and protection of public health. Surely, if he were a police officer instead of a health officer, he would not feel it his duty to approach violators of the law with an apology for interference and offering the excuse that action was necessary because Mr. Jones had sent him a written complaint; and there is no reason why the health officer should hesitate, apologize and betray a good citizen who supplies information concerning a violation of health law and decency.

We hope that the day will come when every health officer will be so in touch with his territory that it will be unnecessary for citizens to make complaint, but until such perfection in health administration is reached, the citizen who is sufficiently interested in public health and welfare to supply information that will lead to the correction of insanitary conditions should be protected. If there are any health officers remaining in the state who daily observe gross insanitary conditions and fail to take action because they have not received a formal complaint, we would advise them to give this comment careful consideration.

PUBLISHING MILK REPORTS

The publishing of the reports of Laboratory analyses of milk in daily newspapers has been done by health officers with good intentions, but it is the opinion of this Department that such reports are likely to do an injustice to milkmen, under certain conditions. Reports on single analyses are unfair to the milkman, for the reason that accidental conditions may at times, make it appear that their product was generally bad. If health officers desire to publish ratings, we would suggest that nothing less than an average report of at least six samples be published.

The best use the health officer can make of the reports on milk samples is to use them for correcting bad conditions. For instance, if a milkman has been running low in bacteria count and a sample or two shows a high count, it indicates that there are conditions needing correction and the health officer should assist the milkman in locating the trouble rather than publishing a poor record without action. Publicity has its place, but publicity should in milk inspection follow co-operation.

BUREAU OF PREVENTABLE DISEASES

Dr. T. Eben Reeks has been appointed Director of the Bureau of Preventable Diseases of the State Department of Health. Those who do not know Dr. Reeks personally undoubtedly know of his excellent service as Superintendent of the New Britain Health Department.

When not engaged in epidemiological work, Dr. Reeks will be in a position to assist health officers along any line of health work. We know he will be a very busy official and much in demand by the health officers throughout the state.

BUREAU OF SANITARY ENGINEERING

Mr. J. Frederick Jackson has just been appointed Director of the Bureau of Sanitary Engineering of the State Department of Health. Mr. Jackson, as a member of the State Board of Health for a number of years and of the Public Health Council until recently, has gained a wide knowledge of the sanitary engineering problems of the state. The department feels fortunate in being able to secure Mr. Jackson as head of this important bureau about to be organized.

Sewerage and water supply problems have, within the last two years, been referred to the State Department in such numbers that it was utterly impossible to give them the prompt and exhaustive consideration they deserve. Now, however, by placing them in a separate division under the direction of Mr. Jackson and his staff—these problems will be promptly and scientifically handled.

CITY BOYS STRONGER—DRAFT DATA SHOWS

The percentage of young men rejected as unfit for military service because of physical defects has been considerably larger among men from rural districts than among city residents, according to a statement issued by Dr. J. A. Nydegger, in charge of United States Public Health Service in Baltimore.

While physicians who had made extensive studies of the condition of health and physique of the youth of the country expected the percentage of rejections to be high, few believed that conditions would be as bad as they were shown to be by the medical examinations of drafted men. The showing made by this medical survey will have great moral value in awakening the country to the need for better medical and military care for children in schools, especially in rural schools.

The United States is behind most European countries in provisions for the health of school children. In Europe, the need for strong and healthy men for armies has turned the attention of governments to the health of school children. England was aroused when the medical examination of recruits during the Boer war showed that many were unhealthy and defective, and that their troubles in a vast number of cases could be traced to bad physical surroundings and methods in English schools.

"As soon as the Boer war was over," Dr. Nydegger said, "the British Government proceeded to introduce throughout the United Kingdom a well-devised medical inspection of schools, compulsory athletics and mild military training to correct, as far as human endeavor was able, the physical defectives.

"While in this country most of the city schools have adopted medical inspection, most of the rural institutions have none. In this lies the fact that the insanitary conditions in these places produce 75 per cent. of the physical defects which are today barring men from the United States forces. Defective eyes, teeth, ears and throats among the youth of rural communities have been found to be due largely to conditions in the rural schools. Improper desks and seats also have caused much spinal curvature, leading to other faulty conditions. These conditions ought to be corrected at once, and school children all over the country should be examined because defects arising at their period of life as a rule cannot be overcome later.

"The introduction of a single innovation or procedure is not going to correct all of the physical defects existing in our young men. It must be a gradual process, beginning with an efficient universal medical inspection in our public schools at the age of 6 years, coupled with a well-devised system of physical training and mild military exercises to harden young men for the more strenuous universal military training which is to follow after school days are over."—*N. Y. Times*, Oct. 8, 1917.

VENTILATION SCREENS OF CLOTH

Much is being said and written regarding the necessity of more fresh air, both in the office, in the home and in the school room.

No one can do a full day's work in a stuffy office or school room. Neither can one get a comfortable night's rest and sleep in a bedroom that is not properly ventilated. On the other hand, no one desires to work or sleep in front of a window where there is a draft.

How, then, are we going to overcome this objection? This matter has been freely discussed by physicians, school teachers and others who are interested in better sanitary methods. Many kinds of ventilators have been used in windows to permit of the entrance of fresh air into the over-heated room, but in nearly every case, while permitting the fresh air, it also occasioned drafts which are almost as uncomfortable and injurious as the impure air which they were trying to replace.

Recently there has come into use a screen or ventilator made of a specially treated cotton cloth, which takes the place of glass windows in school rooms. The doors and windows are first closed and the room comfortably heated before the pupils arrive. While the school is in session, the windows are thrown wide open and the cloth ventilators are placed under the lower sash. These cloth ventilators are made in several heights and are made adjustable in width so that they will fit any ordinary window. Cold, fresh air filters in through the cloth from the outside, thus making the room pleasant to work in and invigorating the pupils.

It has the added advantage of keeping out of the room all soot, dust, dirt, rain and snow. The ventilator is covered with a light colored cotton cloth which admits the light as well as the air, but excludes all dust and dirt.

The simplicity and cheapness of these cotton ventilators makes the plan available not only for every school room, but for the home, for the office, for institutions, hospitals, etc.

In the home it should be used in the kitchen, living rooms and bedrooms, and is especially desirable where children sleep. The fact that it cannot be seen through makes it particularly valuable for bedrooms and bathrooms.

These cloth ventilators or screens are now being produced at such a low price, and there is such a large and growing demand for them, that they are being sold now by practically all hardware jobbers, retail dealers and department stores.—*Vermont Health Bulletin*.

WHY NOT LICENSE CATS ?

Cats serve no useful purpose. They are parasites. Even the ancient tradition that cats are useful to catch rats and mice applies only in the country. It may be argued that their existence should not depend upon their utility, that the general adoption of the cat as a pet is a sufficient reason for its unrestricted existence and freedom to breed, live with and depend upon human beings for their food and shelter. It would seem, however, that the same general reasons for the licensing and restricting of dogs should be applied to cats. As pets they have far less appeal than the dog. They are a source

of danger in the spread of disease, even of rabies; they destroy useful birds, disturb sleep, consume food needed for human beings, and are frequently a nuisance to a neighborhood. The possibility of their spreading contagious disease was well illustrated recently in Buffalo, N. Y., when the Board of Health took cultures from the eyes of a suspicious looking cat and found diphtheria germs. No doubt this cat had been in a room where there was a case of diphtheria, and had become infected, after which it was going about freely, a very likely cause of the spread of diphtheria. It is very easy to see how a cat petted and handled by a person ill with diphtheria, scarlet fever or other contagious disease might, within a few minutes, be fondled by some person in the immediate neighborhood who would in turn become infected.

The joke columns of the papers and magazines bear abundant evidence of the nocturnal, sleep disturbing habits of the cat. These ownerless and stray animals wandering about nights, in search of food and shelter, knocking over garbage cans, waking the neighborhood with their yaws, contaminated with filth and often diseased, generally end their days by crawling under a strange piazza to die. Hardly a day passes that a telephone call does not come to the Board of Health asking that a strange, dead cat be removed. The Street Board records show that it costs the city a considerable sum to remove cats and dogs each year. The humane society has frequent calls to treat or dispose of stray, sick cats.

In fact, there are apparently excellent reasons from the standpoint of good health, hygiene, sanitation, comfort and economy why the cat should be licensed and the ownerless cats disposed of in the same way that dogs are. People who wish to harbor cats should do so under supervision that will prevent them from becoming a danger or a nuisance to the community.

—*Hartford Health Bulletin.*

POSTAGE NOTICE

Physicians and health officers are warned that postage rates are to be increased 50 per cent. on November 1st. All containers for laboratory specimens will require more postage than indicated on the label.

MORTALITY SUMMARY— SEPTEMBER

Total Deaths for September	1,580	Death rate	14.9
Average death rate for September last five years			14.3
Annual death rate 1916			16.3
Death from communicable diseases			198
Per cent of total deaths			12.5
Deaths under one year 363. Rate per thousand births			120

SEPTEMBER 1917

Cities, Boroughs, and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid	Fever	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases See "Notes"	Other Diseases See "Notes"
STATE TOTAL	1,238,723	126		2	54	57	100	162	12	2	140	25	26
Over 50,000 inhabitants:													
New Haven	148,951	9			1	4	21	17	1		23		
Bridgeport	120,688	5			3	8	2	25	1		20	G1	
Hartford	110,354	9			7	8	16	23	2		22	G5	
Waterbury	86,342	14			1	9	3	10			8		
New Britain	53,344	2			1	2	10	7		1	10		
From 25,000 to 50,000 inhabitants:													
Stamford (city)	30,622	3			1	1	4	5			4		M4
Meriden (city)	29,046	6				2		2	1		5		
Norwalk	26,778	2					1	3			1		
From 15,000 to 25,000 inhabitants:													
Danbury (city)	22,452	2				1		1			3		
Norwich (city)	22,236							2					
New London	20,925	8					4				5		
Greenwich (town & boro)	19,037	2					3	2			1		
Ansonia	16,634	4			8						3		
Bristol (city & town)	15,817	1				2		2	1		3		
Manchester	15,465	2				3		1				G3 s3	
From 10,000 to 15,000 inhabitants:													
Naugatuck	14,030	1									1		
Orange	13,838	4				1		4					
Middletown (city)	13,208						8	1	1		3		
Willimantic (city)	12,605	4			1		4	1			3		
Enfield	11,531	5			2			2					
From 5,000 to 10,000 inhabitants:													
Wallingford (boro)	9,861	1			10			1			4		
Middletown (town)	9,498							3	1				
Winchester	9,228		1			1							
East Hartford	9,177	1				1		8					
Rockville (city)	8,391					1		4			2		
Norwich (town)	8,131							4					
Plainfield	7,857					2		4			1	G2 s1	
Stonington (town)	7,556	1											
Putnam (city & town)	7,240										1		
Fairfield	7,121					1		1					C1
Shelton (city)	7,129	1				1						R1	
Stratford	6,945	1						1					
Southington (town & boro)	6,890				4	1	1						
Hamden	6,584							3					
Plymouth	6,336	2											
Branford (town & boro)	6,251	2						1					
West Hartford	5,781							1	1				
Seymour	5,533					1					2		
Glastonbury	5,117	1									1		
Meriden (town)	5,042							5					
From 2,000 to 5,000 inhabitants:													
Groton (town)	4,814	2											
Milford	4,715					2		2			2		
Windsor	4,516							2					
Darien (town)	4,444											G1	
Westport	4,404					1					1		
Watertown	4,300	1				2							
Stamford (town)	4,211							1					
Windsor Locks	4,106	1						1					
New Canaan (town & boro)	4,085				1							G1	C1
Suffield	4,033												
Berlin	3,896	1					3						
Thomaston	3,672	3										G2	
Farmington	3,566												
Salisbury	3,541	1											

CASES—COMMUNICABLE DISEASES

(CONTINUED)

Cities, Boroughs, and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases See "Notes"	Other Diseases See "Notes"
Jewett City (boro)	3,502	...	...	2	1	...	1	...	...	...	...	...
East Windsor	3,484	1	...	...	...	...	...	...	...	...	...	...
Wethersfield	3,454	1	...	...	...	10	...	...	...	1	...	...
Ridgefield (town & boro)	3,412	1	...	...	...	4	...	...	...	...	G3	...
Killingly (town)	3,401	1	...	...	...	...	...	...	...	...	...	...
Plainville	3,297	...	...	...	...	...	...	...	...	1	G1s1	...
Portland	3,167	...	...	...	...	...	1	...	...	...	...	...
Montville	3,049	...	...	...	...	...	2	...	...	...	...	...
Danielson (boro)	3,000	...	1	...	...	...	...	...	...	...	...	...
Essex	2,874	1	...	1	...	...	...	3	...	1	...	...
Simsbury	2,802	...	...	...	...	...	1	...	...	1	...	{ m15
Canton	2,764	...	...	...	...	3	...	...	...	1	...	+ xl
Wallingford (town)	2,585	...	...	11	...	...	...	...	...	...	...	...
East Hampton	2,461	...	...	...	...	...	...	...	...	1	...	...
South Windsor	2,393	...	...	...	...	...	2	...	...	...	...	...
North Canaan	2,391	...	...	...	1	...	...	...	...	...	...	...
North Haven	2,308	...	...	...	...	...	...	...	...	1	...	...
Cromwell	2,282	...	1	...	...	...	...	...	...	...	...	...
Saybrook	2,070	1	...	...	...	...	...	...	...	...	...	m1
Groton (boro est.)	2,000	1	...	...	1	...	...	...	...	...	...	...
Under 2,000 inhabitants:												
Sharon	1,819	...	...	...	...	...	...	...	...	1	...	...
Somers	1,689	...	...	...	...	3	...	...	...	...	...	...
Trumbull	1,675	...	...	...	...	...	2	...	...	...	...	...
Harwinton	1,576	...	...	...	...	...	...	...	...	1	...	...
Madison	1,543	1	...	...	...	...	...	...	...	...	...	...
Torrington (town)	1,500	...	...	...	...	...	1	...	...	...	...	...
Beacon Falls	1,482	...	...	...	...	...	1	...	...	1	...	...
Preston	1,383	16	...	...	...	...	...	...	...	...	...	p1
Avon	1,358	...	...	...	...	...	...	...	...	...	...	r1
Rocky Hill	1,283	...	...	...	2	...	...	...	...	...	...	...
Willington	1,248	1	...	...	...	...	...	...	...	...	...	...
Old Lyme	1,181	...	...	...	...	...	...	...	...	...	G1	...
Brookfield	1,134	...	...	...	...	...	...	...	...	1	...	...
Vernon	1,059	...	...	...	...	...	1	...	...	...	...	...
Ledyard	985	...	...	...	...	...	1	...	...	...	...	...
Morris	768	1	...	...	...	...	...	...	...	...	...	...
New Fairfield	603	...	...	...	...	...	...	...	1	...	...	...
Sherman	516	...	...	...	...	...	...	...	...	1	...	...

Roxbury has failed to report. Towns not listed reported no cases of infectious diseases.

NOTE:—(s) syphilis; (g) gonorrhoea; (o) ophthalmia; (l) leprosy; (c) chicken pox; (m) mumps; (x) septic sore throat; (p) pellagra; (i) la grippe; (A) anthrax; (E) erysipelas; (T) trachoma; (R) rabies; + few; ++ epidemic.

DEATHS REPORTED TO THE STATE DEPARTMENT

ALSO BIRTHS AND MARRIAGES

Line Number.	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1917.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, Sept. 1916.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut.	1,265,889	3250	86	1013	1580	14.9	14.5	363	133	385
2	Ansonia.....	16,951	48	2	7	23	16.2	11.5	9	1	3
3	Branford.....	6,289	10	...	7	11	15.2	9.5	3	1	4
4	Bridgeport.....	124,717	473	16	133	162	14.8	13.7	42	11	24
5	Bristol.....	16,313	48	1	12	15	11.0	10.6	4	2	3
6	Danbury.....	26,365	47	1	...	48	20.4	13.8	6	14	8
7	Derby.....	9,760	50	3	8	23	19.6	7.4	4	5	1
8	East Hartford,...	9,400	18	2	8	8	8.9	13.0	...	...	3
9	Enfield.....	11,916	27	...	10	10	10.0	19.7	7	...	3
10	Fairfield.....	7,327	30	...	6	17	26.2	18.5	9	2	2
11	Glastonbury.....	5,185	9	...	4	8	13.8	11.7	2	...	4
12	Greenwich.....	19,594	44	5	37	17	10.4	15.6	5	...	6
13	Groton.....	6,875	7	...	2	6	10.4	12.3	...	1	3
14	Hamden.....	6,896	16	1	2	9	13.9	7.2	2	3	2
15	Hartford.....	112,832	365	15	111	192	15.7	14.2	42	24	41
16	Killingly.....	6,374	7	...	9	13	24.4	7.4	5	2	3
17	Manchester.....	15,855	33	...	17	11	8.3	7.7	2	...	4
18	Meriden.....	34,522	79	4	10	31	9.3	11.9	4	...	11
19	Middletown.....	23,127	49	2	15	44	10.8	12.6	2	...	13
20	Naugatuck.....	14,313	25	...	8	13	10.8	7.6	4	...	2
21	New Britain.....	55,385	187	7	44	63	12.5	8.0	18	9	10
22	New Haven.....	152,271	441	...	139	201	14.2	12.4	43	14	44
23	New London.....	21,198	60	2	36	43	19.2	13.7	7	5	11
24	New Milford.....	5,157	8	...	4	4	9.3	9.3	...	...	4
25	Norwalk.....	27,333	63	1	17	25	10.1	9.4	4	2	11
26	Norwich.....	30,822	72	2	27	45	14.0	14.6	8	2	15
27	Orange.....	14,386	28	3	9	10	7.5	7.7	...	...	...
28	Plainfield.....	8,103	12	...	4	6	8.8	6.2	4	2	1
29	Plymouth.....	6,621	15	...	4	4	7.2	13.2	3	...	...
30	Putnam.....	7,276	12	2	5	12	18.1	13.2	4	1	2
31	Seymour.....	5,694	17	...	7	10	21.0	4.3	5	...	...
32	Shelton.....	7,254	20	...	4	4	3.3	10.0	1	...	...
33	Southington.....	6,965	24	...	2	8	12.0	17.4	3	1	2
34	Stafford.....	5,907	12	...	2	5	10.1	2.0	...	1	2
35	Stamford.....	36,127	57	...	45	33	9.6	15.5	12	...	8
36	Stonington.....	9,595	10	2	6	9	11.2	12.6	3	1	3
37	Stratford.....	7,208	25	...	6	12	19.9	19.0	2	1	3
38	Torrington.....	20,040	50	...	13	27	14.9	11.6	9	1	6
39	Vernon.....	9,519	18	1	10	7	8.8	11.4	3	...	2
40	Wallingford.....	12,720	24	...	4	7	5.6	9.6	1	2	1
41	Waterbury.....	89,195	280	6	74	104	13.1	15.9	34	8	11
42	West Hartford,...	5,984	10	...	...	8	16.0	14.5	3	1	3
43	Winchester.....	9,345	26	...	8	11	12.8	16.9	2	...	4
44	Windham.....	14,403	40	...	14	19	13.3	26.4	3	1	6
Total of above towns,...		1,043,119	2896	78	890	1338	15.4	14.6	324	118	289
Towns of less than 5,000,.		222,770	354	8	123	242	13.0	14.4	39	15	96

Non-resident deaths in public institutions are not included in the death rates of the towns.

OF HEALTH FOR THE MONTH OF SEPTEMBER, 1917

FOR AUGUST, 1917

DEATHS FROM IMPORTANT CAUSES.															EXTERNAL CAUSES.			Deaths in Institutions.	Deaths of Non-residents.	Line Number.
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis.	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.			
21	..	..	4	1	18	17	2	127	27	85	7	1	98	187	107	16	5	480	208	1
								4		2				6						2
	2		1		2					2				1						3
					1	2		15	4	8			16	19	6	2		70	8	4
					1			4		1	1		3		5					5
	1							5		4				7				11	3	6
											2			4	5			8	7	7
								1						1					1	8
					2	1				1				1	4					9
										1	1			1	1	2				10
										2				2					2	11
															1					12
								1	1					3						13
	4		1		1	4		6	6	8				9	33	17	1	118	44	14
								1	1	1				1	5	1				15
								1						2	1	2				16
	1							6		4				1		1		8	4	17
								5		2	1			2		2	2	28	23	18
	2							3						1						19
	2				1			3		3			11	16	3		2	16	6	20
					1	4		13	4	14			10	20	11			88	20	21
					1	1		3	2	3			1	6	3	2		13	9	22
								1												23
					1	1		2		3				2	2	3		3	1	24
	1							5	4					3	3	5	1	16	9	25
																2				26
					1	1		1		1						1			1	27
														1	2					28
										1										29
								2						1		1		6	1	30
				1				2						3						31
					1			1						1					2	32
															1				1	33
															1			2		34
						1		1	1	1				1	4	3		12	4	35
								1		1				2	2	1				36
										1				1	3	3				37
	1							2										7	2	38
																				39
	3				4		1	11	1	2				7	18	9	2	3	1	40
														1	3			4		41
																1		3	1	42
									1	4				1				3	6	43
																		6	3	44
17	4		3	1	17	15	1	101	26	70	5		86	169	92	11	5	448	164	
			1		1	2	1	26	1	15	2	1	12	18	15	5		32	44	

LABORATORY REPORT—SEPTEMBER

C. J. Bartlett, M. D. Director.

Bacteriological examinations and analyses

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	10	61	—	71
Diphtheria, release	5	19	—	24
Syphilis	44	176	14	234
Tuberculosis	15	80	—	95
Typhoid	35	55	7	97
Malaria	1	3	—	4
Gonococcus	4	27	—	31
Rabies	11	9	—	20
Glanders	1	3	—	4
Milk samples examined (from 12 towns)				96
Water samples examined				25
Sewage and effluents examined				2

Total Laboratory operations during September 703

MONTHLY METEOROLOGICAL SUMMARY

Hartford, Connecticut, for September, 1917

MONTHLY SUNSHINE RECORD

Number of hours actual sunshine, 196.7

Number of hours possible, 347.3

Percentage of possible sunshine, 53

WEATHER

Number of days, clear	14
Partly cloudy	6
Cloudy	10
On which .01 inch, or more, occurred	8

Total Precipitation this month in

1906-3.57	1907-11.56	1908-1.12	1909-3.83
1910-3.41	1911-2.00	1912-2.14	1913-3.56
1914-0.20	1915-1.29	1916-3.46	1917-1.27

PRECIPITATION

Total this month	1.27
Total snowfall	0.0
Greatest precipitation in 24 hours, date 17-18	0.82
Snow on ground end of month	0.0
Normal for this month	3.50
Deficiency of this month as compared with the normal	2.23
Accumulated deficiency since Jan. 1	2.43

ATMOSPHERIC PRESSURE

(Reduced to sea level; inches and hundredths)
Mean . . . 30.12; highest 30.56 . . . date 23rd
Lowest 29.52 date 30th
Mean monthly relative humidity 75%

TEMPERATURE

Highest . . 31, date 19th; lowest 36; . . date 11th.
Greatest daily range 31 date 13th.
Least daily range 8; date 1st.
Mean highest . . . 70; lowest . . . 48.9

Mean for this Month in

1906-66	1907-64	1908-65	1909-62	1910-64
1911-63	1912-63	1913-61	1914-63	1915-67
1916-63	1917-60			
Mean for this month				59.5
Normal for this month				61.7
Absolute minimum for this month for 13 years				93.
Absolute maximum for this month for 13 years				32
Average daily deficiency this month as compared with normal				2.2
Accumulated deficiency since Jan. 1				94.
Average daily deficiency since Jan. 1				0.3

WIND

Prevailing direction North
Total movement 3,689 miles
Average hourly velocity 5.1
Maximum velocity (in five minutes) 21
miles per hour, from S. W. on 6th.

U. S. Department of Agriculture Weather Bureau.

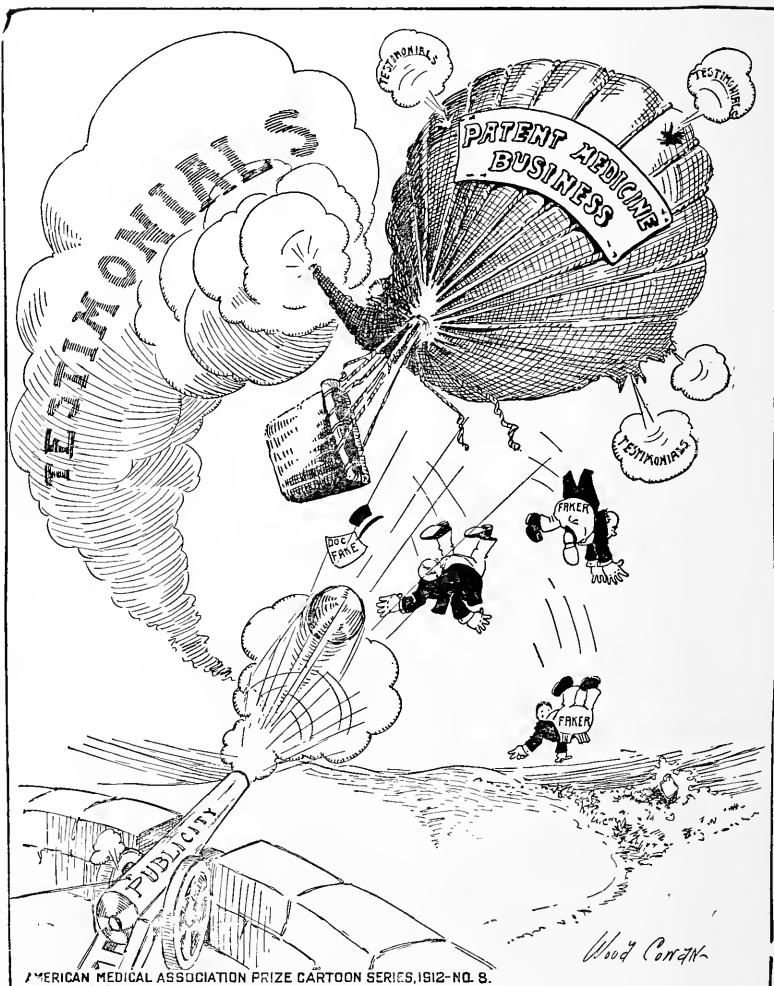
WILLIAM W. NEIFERT, METEOROLOGIST

FIFTEEN RULES OF RIGHT LIVING

PROF. IRVING FISHER

1. Ventilate every room you occupy.
2. Wear light, loose clothes.
3. Spend time in the open air, winter and summer.
4. Have lots of fresh air where you sleep.
5. Breathe deeply.
6. Avoid eating too much.
7. Do not eat much meat and eggs.
8. Eat various kinds of food.
9. Eat slowly.
10. Have your bowels move at least once each day.
11. Stand, sit and walk erect.
12. Avoid poisonous drugs.
13. Keep clean.
14. Work hard, but play, sleep and rest, too.
15. Be cheerful and learn not to worry.

JUST TO REMIND YOU
THAT
To Temporize with Patent Medicines



YOU CAN'T FLOAT A BALLOON WITHOUT GAS

You Jeopardize your Health and Reflect
upon the Intelligence of your Family
Doctor who has Left to Serve his Country

3 DEC '17



Connecticut Health Bulletin

Issued Monthly by

The State Department of Health

JOHN T. BLACK, M. D., *Commissioner*

NOVEMBER, 1917



Thanksgiving Number

THE STATE DEPARTMENT OF HEALTH

HARTFORD, CONNECTICUT

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HARTFORD

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VOL. XXXI

HARTFORD, NOVEMBER 20, 1917

No. 11

THANKSGIVING

For many years the season of Thanksgiving has been observed under conditions of peace and plenty. With harvests over and storehouses full, people gather at their firesides to rejoice and give thanks.

We now approach the season of Thanksgiving under entirely different conditions—we are at war, our storehouses are not full, and many family gatherings will be incomplete because one or more members have been called into the service of their country.

And yet we can be truly thankful. Our war is not a war of conquest or misunderstanding, but a war for humanity and democracy. Our storehouses have been depleted to relieve human suffering, and those who will be absent on this festive occasion are the honored defenders of right and liberty.

We are in this world for the good we can do—duty oftentimes demands sacrifice, and we have reason to be thankful that, as a nation, we are doing our duty and making the sacrifice—willingly and gladly.

MORE REASONS FOR THANKSGIVING

BECAUSE our soldier-boys will not be sent home by thousands with typhoid fever as they were in 1898, as they are now protected by vaccination.

BECAUSE many deaths from pneumonia will be prevented by the use of the recently developed pneumococcus serum which has been found beneficial in treating one-third of all cases.

BECAUSE every child afflicted with diphtheria can be saved if antitoxin is used early and in sufficient dosage.

BECAUSE antitoxin is available to all—the Department of Health furnishing it free to those upon whom the purchase thereof would impose a financial hardship.

BECAUSE infantile paralysis is not present in epidemic proportions every year.

BECAUSE uniform regulations for the control of communicable diseases throughout the state will soon be in force.

BECAUSE the warfare against tuberculosis has greatly reduced this disease in our state.

BECAUSE the problem of eliminating pollution from the streams is now being handled systematically.

BECAUSE we are learning invaluable lessons in efficiency and economy on account of the war.

BECAUSE the lives of half of those who die each year can be prolonged and more than half of the sickness can be prevented by protective health measures.

BECAUSE of the general recognition of the fact that public moneys invested in health protection is the best investment a community can make.

BECAUSE the recent Legislature created a State Department of Health sufficient to meet any emergency.

THE PRICE OF MILK

Milk is unexcelled as a food for children and adults and yet, except for very young children, the use of milk has almost invariably been looked upon as a luxury. The unfortunate necessity for the increase in price of milk has led to its disuse or curtailment by many families. Milkmen report that almost every family has reduced its daily order by a pint or quart.^f This means that a good, economical food is being discarded for other foods apparently cheaper, but really more expensive, considering food values.

The New York City Health Department, in conjunction with other agencies, made a survey in October for the purpose of determining exactly the effect of the increased price of milk. Their findings are most interesting and conclusive.

The families of 2,200 poor wage earners were visited, representing 12,439 individuals, of which 4,467 were adults, 2,534 children from six to thirteen years old, and 5,438 under six years.

Milk purchased by these families in October, 1916, averaged 4,797 quarts daily; in October, 1917, 3,193 quarts daily,—a decrease of 1,604 quarts.

This decrease was offset somewhat by the increased consumption of condensed milk, amounting to 141 tins daily.

The normal daily requirement of milk in a balanced diet has been determined to be $\frac{1}{3}$ quart [for adults, $\frac{1}{2}$ quart for children six to thirteen, and 1 quart for children under six. According to this, the 2,200 families should be using 8,194 quarts instead of 3,193.

Unquestionably the price of milk becomes a health problem. At fourteen cents a quart, milk is an economical food, but even under present conditions there is no justification for a higher price than twelve cents a quart.

The State Agricultural Experiment Station at Storrs, last spring made a careful study of the cost of production of milk and published a report giving $5\frac{1}{3}$ cents a quart as a fair sum for milk at the farms.

Owing to increase in cost of labor and materials this figure is now too low, but should not be over seven cents. As transportation and delivery of milk to the consumer should not exceed five cents a quart, a charge of more than twelve cents to the consumer is not considered justifiable anywhere in the state.

The health of the children must be protected, and it is the duty of health officers and other interested in child welfare to use every means possible to discourage the tendency to curtail the use of milk and to fight the unpatriotic boosters of the price of milk.

RUMORS REGARDING CANTONMENTS

Needless anxiety and concern have been caused the friends of those at the various cantonments by baseless rumors of every nature. Rumors of unusual sickness and of the outbreak of epidemics are not uncommon. The true conditions, as shown by the records of the Surgeon-General, will therefore be published monthly.

A table showing cases of reported sickness in the various branches of the service for the month of October will be found elsewhere in this issue. The reports from Camp Devens have been inserted as being of special interest to Connecticut people and the statistics for the State of Connecticut are used for the purpose of comparison.

To those unfamiliar in analyzing statistics of this nature, it is suggested that in comparing one camp with another or a camp with the state the figures given as "rate" be used.

CLOSING SCHOOLS

The practice of closing schools upon the outbreak of contagious disease is still followed by some health officers. This method of controlling disease is less efficient and more expensive than the method of individual examination.

It is appreciated that public sentiment often demands the closing of schools and that official shortsightedness at times makes it difficult for the health officer to act as he thinks best, but the health officer should put the facts squarely before the people and insist upon official support.

For example, if a school of 100 pupils is closed for ten days because of an outbreak of diphtheria, the health officer should show that the average cost per day of educating a child is twenty-five cents and that by closing the schools, a loss of \$250 would be sustained. For one-fifth of this sum, sufficient assistance could be employed to examine and culture every child. Those afflicted with the disease and the carrier could be excluded and the school allowed to continue its sessions. Add to this information that the closing of schools as a method of control is quite often unsuccessful, while the method as described invariably brings results.

Of course it is sometimes necessary, where serious outbreaks are threatened, for the health officer to close the schools for a day or two until he can arrange for the admission of pupils under control.

CO-OPERATION IN SCHOOL INSPECTION

The success of medical inspection of the public schools depends largely upon the mutual co-operation, for the children's good, of four main factors, viz.: the parents, the family physician, the Board of Health, and the Board of Education; the division of school inspection being a correlating cog in the machinery thus composed, and is efficient in direct proportion to the minimum friction developed. The most successful lubrication of such a machine is a mutual understanding of the aims of each of the integral parts and their inter-dependence upon each other for the success of the whole. No system can hope to accomplish much in the way of correction of physical defects, control of contagious diseases, improvement of environment, both at school and to some extent, in special cases at home, without the closest co-operation of these four factors.

There is an incentive to each factor which makes such co-operation possible. The parent wants a healthy normal child unhampered by correctable physical defects and free from contagion, the success both professionally and financially, of the physician depends upon his successful treatment of his patients.

The Board of Health's primary duty is to keep our environment sanitary and allow the minimum of contagion and the Board of Education's finances

are drained upon by every unpromoted child whose defective vision or hearing, adenoids, infected tonsils, decaying teeth or other correctable defects cause it to report a school year in the same grade, to say nothing of the effect upon the teacher whose efficiency is known to be impaired by "repeaters."

We are in an age of *preventive medicine* and we now realize that our school taxes are well used when we see our beautiful sanitary school buildings with spacious, well drained and graded play-grounds, large, well ventilated and lighted class rooms, desks correct in size, number, relation to the light, etc. Wardrobe sufficient in size and well ventilated. Spacious hall-ways, stair-ways, and fire escapes kept in the best of repair. Sanitary drinking fountains available at convenient places, and the teachers themselves comfortable and happy.

The possibilities of medical inspection are practically limited only by the available finance and the amount of co-operation obtainable. For example, classes for crippled children who are brought to and from school by large busses, and whose desks are adjustable to fit their individual deformities. Tubercular children who are not "active" cases, that is, those who have "physical signs" but are not coughing and expectorating, are cared for in special out-door schools with shortened study periods and frequent rest periods after which milk and eggs are given.

In the higher schools, I am especially interested in the possibilities of routine examination disclosing facts which would handicap a boy or girl in pursuing a life work upon which he had determined, but for which he is physically unfit, i. e., defective eyesight or lack of stamina for exacting work of long hours as the case of physicians. How much better to direct energies in a path which may be finally crowned with success, rather than to fall by the wayside in an ill-chosen work.

These few suggestions serve to emphasize the possibilities which medical inspection of schools offers, if co-operation be given to those who are anxious to help in the work.—*I. A. Wilkes, M.D.—Bridgeport Bulletin.*

NOVEMBER

November is the month to buy

Overcoats and coal supply.

Very careful we should be,

Exposing our light hosiery.

Many people catch la grippe

Because they do not give a "rip."

Ever lurking pneu-mo-nia

Rushes in and says, "Ha! Ha!"

BUREAU OF SANITARY ENGINEERING

On October first the Bureau of Sanitary Engineering became a reality by the appointment of a Director and Sanitary Engineer. This Department was made necessary by recent legislative enactments placing the control of water supplies and sewage disposal under the State Department of Health.

The creation of this Bureau will enable the Department to make a thorough and careful investigation of all engineering or sanitary problems coming to its attention. Municipal authorities, public or private institutions, or any individual confronted with a sanitary problem relating to water supply, sewage disposal, drainage, refuse collection or disposal, ventilation, etc., can now be promptly served by this Department.

Anonymous communications will not, as a rule, receive consideration, but it is the policy of this Department to hold as confidential the source of all information leading to the location of conditions prejudicial to public health.

BUREAU OF LABORATORIES

DELAYS

Quite a few complaints have been received in this office because of delayed reports on analyses made by the Department of Health Laboratory in New Haven.

Delays have occurred, some of which were unavoidable, but many were due to conditions which have been or can be corrected.

First: Mail service has been slow.

Second: Express service has been in a chaotic condition for some time.

Third: The removal of the Laboratory to New Haven resulted in some confusion.

Fourth: Changes in the laboratory staff, incident to war conditions, have disturbed the organization.

Fifth: Physicians still continue to omit filling in the cards accompanying the specimens, making it impossible to identify a report.

The mail service is still irregular, but a special delivery stamp and **full postage** will insure more prompt delivery.

The express service has greatly improved and delivery has been guaranteed from any point in Connecticut to New Haven within twelve hours, if shipped on the last train leaving for New Haven.

The confusion and difficulties incident to removal and to changes in laboratory staff have been overcome and if the physicians will heed our admonition to carefully and completely fill out the report accompanying the specimen, we feel that there will be no further complaints on this score.

LOCAL LABORATORIES

To further improve the service, the Department has under consideration a plan to subsidize local laboratories in various parts of the state so that delays incident to transportation will be overcome.

It is proposed to arrange for local laboratories to examine diphtheria cultures and possibly milk for the territory about them that can be reached by messenger.

Announcements of laboratories approved by this department for this service will be made at a later date.

THE HEALTH OF THE SOLDIER BOY

OCTOBER, 1917

Compared with the Statistics of the State of Connecticut

Military statistics from the Surgeon General's Report for the 4 weeks ending Nov. 2
State statistics from the Department of Health report for October

Diseases	NATIONAL GUARD All Camps		NATIONAL ARMY All Camps		CAMP DEVENS Ayer, Mass.		CONNECTICUT State	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Pneumonia	268	10.3	346	10.7	10	4.1	*740	6.6
Dysentery	60	2.2	30	0.9	0	0	*33	.3
Venereal	2,811	112.6	5,065	156.4	120	46.7	**29	**1.9
Para-typhoid	1	.02	1	.02	0	0	*0	0
Typhoid	20	.7	12	.3	1	.4	71	.6
Measles	1,931	75.3	1,339	42.	8	3.	268	2.4
Meningitis	26	1.	43	1.3	0	0	4	.03
Scarlet fever	25	1.	10	.3	0	0	124	1.1

* Not reportable — Estimated from reported deaths.

** Incomplete reports — rate estimated on adult male population.

RATES ALL INDICATE AN ANNUAL RATE PER THOUSAND

MORTALITY SUMMARY—OCTOBER

Total Deaths for October.....	1,500	Death Rate.....	14.9
Average death rate for October last five years.....			13.4
Annual death rate 1916.....			16.3
Deaths from communicable diseases.....			185
Percent of total deaths.....			12.3
Deaths under one year 277. Rate per thousand births.....			92

Registrars for the following towns have failed to report: Cornwall, Sterling, and Voluntown.

CASES—COMMUNICABLE DISEASES

REPORTED BY LOCAL HEALTH OFFICERS

OCTOBER 1917

Cities, Boroughs, and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases See "Notes"	Other Diseases See "Notes"
STATE TOTAL	1,238,723	71	3	268	124	112	337	4	2	152	29	14
Over 50,000 inhabitants:												
New Haven	148,951	3	...	15	8	25	11	...	1	21	...	...
Bridgeport	120,688	2	...	2	10	2	28	...	...	26	G4	...
Hartford	110,354	25	...	7	18	13	53	4	...	25	G4	S3
Waterbury	86,342	7	...	1	3	1	23	...	...	5	...	...
New Britain	53,344	5	...	1	3	4	13	...	...	9	...	...
From 25,000 to 50,000 inhabitants:												
Stamford (city)	30,622	1	...	1	1	7	14	...	...	5	...	c1
Meriden (city)	29,046	...	...	3	5	...	16	...	...	5	...	...
Norwalk	26,778	...	...	...	2	...	4	...	...	2	...	...
From 15,000 to 25,000 inhabitants:												
Danbury (city)	22,452	2	...	...	...	...	2	...	...	2	...	...
Norwich (city)	22,236	1	...	...	4	...	4	...	...	2	...	...
New London	20,925	1	...	...	1	...	10	...	...	...	...	...
Greenwich (town & boro)	19,037	...	...	119	10	2	5	...	...	2	...	...
Torrington (boro)	18,000	...	...	...	...	...	...	...	...	5	...	...
Ansonia	16,634	...	...	12	1	...	6	...	...	...	S1	o1
Bristol (city & boro)	15,817	1	...	...	12	...	1	...	...	3	G1	...
Manchester	15,465	1	...	...	...	5	2	...	...	1	...	...
From 10,000 to 15,000 inhabitants:												
Naugatuck	14,030	...	...	...	3	...	...	...	...	1	...	...
Orange	13,838	...	...	...	...	...	15	...	...	2	...	...
Middletown (city)	13,208	...	...	...	2	10	4	...	...	2	...	o1
Willimantic (city)	12,605	2	...	1	...	...	1	...	...	1	...	...
Enfield	11,531	...	...	...	...	...	2	...	...	...	...	...
From 5,000 to 10,000 inhabitants:												
Wallingford (boro)	9,861	2	...	89	...	...	2	...	...	1	...	...
Derby	9,627	...	...	...	...	...	1	...	...	1	...	...
Middletown (town)	9,498	...	...	...	...	...	1	...	...	...	...	...
Winchester	9,228	...	...	...	...	...	...	...	...	3	...	...
East Hartford	9,177	1	...	...	1	...	11	...	1	1	...	...
Rockville (city)	8,391	...	...	...	...	...	3	...	...	1	...	...
Norwich (town)	8,131	1	...	...	1	...	2	...	...	...	...	...
Plainfield	7,857	...	...	...	7	...	8	...	...	...	G1	...
Stonington (town)	7,556	...	...	...	6	...	...	...	...	...	...	...
Putnam (city & town)	7,240	1	...	...	...	...	...	...	...	2	...	...
Shelton (city)	7,129	...	...	...	...	...	1	...	...	...	...	...
Fairfield	7,121	...	...	...	...	...	1	...	...	...	...	...
Stratford	6,945	...	...	...	...	...	1	...	...	1	...	...
Southington (town & boro)	6,890	...	...	...	6	...	1	...	...	...	...	...
Hamden	6,584	...	...	2	...	1	15	...	1	...	...	...
Plymouth	6,336	...	...	...	1	...	...	...	...	...	...	...
Branford (town & boro)	6,251	...	...	...	2	...	...	...	...	...	...	...
West Hartford	5,781	1	...	...	...	...	2	...	...	...	...	...
Seymour	5,533	1	...	...	1	2	8	...	...	...	...	...
Glastonbury	5,117	...	...	...	1	+	3	...	...	...	...	...
Meriden (town)	5,042	...	...	...	1	+	2	...	...	...	...	...
From 2,000 to 5,000 inhabitants:												
Milford	4,715	1	...	...	...	4	...	...	...	...	...	...
Windsor	4,516	...	...	...	...	...	1	...	...	...	...	...
Watertown	4,300	...	...	...	4	...	...	...	...	...	...	...
Stamford (town)	4,211	...	...	...	...	...	1	...	...	...	...	...
Windsor Locks	4,106	...	...	...	...	...	...	...	...	1	...	...
New Canaan (town & boro)	4,085	...	...	...	...	...	...	...	...	1	...	...
Suffield	4,033	1	...	...	...	...	...	...	...	...	...	...
Berlin	3,896	1	...	...	...	...	...	...	...	3	...	x3
Thomaston	3,672	...	...	...	...	...	1	...	...	2	...	...
Farmington	3,566	1	...	...	...	...	...	...	...	...	...	...
Salisbury	3,541	...	...	...	...	...	4	...	...	...	...	...

CASES—COMMUNICABLE DISEASES

(CONTINUED)

Cities, Boroughs, and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases See "Notes"	Other Diseases See "Notes"
Jewett City (boro)	3,502			3	1		7					
East Windsor	3,484		1									
Danbury (town)	3,466				1							
Wethersfield	3,454					20						
Ridgefield (town & boro)	3,413										G3	c++
Sprague	3,278				1		1			1		
Waterford	3,212						3			1		
Portland	3,167						3			1		
Guilford (town & boro)	3,130						4					
Montville	3,049						3					
Litchfield (town & boro)	2,879									1		
Essex	2,874	1								1	G3	
Newton (town & boro)	2,854					3						
Simsbury	2,802						4					
Canton	2,764	1										
Wallingford (town)	2,585			12								
South Windsor	2,393						1					
North Haven	2,308			1			2					
Cromwell	2,282		2								G6	
East Haven	2,171						1					
Saybrook	2,070				5							
Groton (boro est.)	2,000	1				3						
Under 2,000 inhabitants:												
Cheshire	1,988				1							
Washington	1,704				1							
Woodstock	1,702											x1
Somers	1,689						1					
Trumbull	1,675						2					
Harwinton	1,576					6						
Old Saybrook	1,566						1				G1	
Brooklyn	1,558									1		
Madison	1,543	1										
Torrington (town)	1,500						1					
Windham (town)	1,478						1					
Chester	1,473											M5
Preston	1,383	1					1			2		
New Hartford	1,376									1		
Avon	1,358	1										
Sterling	1,327						2					
Rocky Hill	1,283						6					
Southbury	1,230						5					
Old Lyme	1,181						1					
Clinton	1,181	1										
Middlefield	1,150						1					
Brookfield	1,134						1			1		
Easton	1,107					1						
Vernon	1,059						4					
North Stonington	1,016											c+
Ledyard	985						1					
Monroe	978	1										
Cornwall	921									1		
Middlebury	896											c1
Canterbury	864					2						
Voluntown	724										g2	
Roxbury	687											x1
Ashford	615	1										
Warren	400									1		

Bridgewater, Eastford and Thompson have failed to report. Towns not listed reported no cases of infectious diseases.

NOTE:—(s) syphilis; (g) gonorrhoea; (o) ophthalmia; (l) leprosy; (c) chicken pox; (m) mumps; (x) septic sore throat; (p) pellagra; (i) la grippe; (A) anthrax; (E) erysipelas; (T) trachoma; (R) rabies; + few; ++ epidemic.

DEATHS REPORTED TO THE STATE DEPARTMENT

ALSO BIRTHS AND MARRIAGES

Line Number.	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1917.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, Oct. 1916.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut.	1,265,889	3137	108	1156	1500	14.9	13.6	277	82	405
2	Ansonia	16,951	50	17	18	12.7	10.0	7	4	3	
3	Branford	6,289	13	7	7	13.3	13.4	1	1	1	
4	Bridgeport	124,717	457	25	159	162	14.5	14.4	31	12	28
5	Bristol	16,313	47	3	17	16	11.7	12.1	6	1	5
6	Danbury	26,365	44	12	36	13.6	10.1	2	1	15	
7	Derby	9,760	52	8	15	13.5	8.7	2	2	6	
8	East Hartford	9,400	14	10	9	11.4	6.5	1	1	3	
9	Enfield	11,916	33	16	9	9.0	13.5	3	2	2	
10	Fairfield	7,327	20	6	8	11.4	11.7	2	1	1	
11	Glastonbury	5,185	16	4	7	16.1	9.3	1	1	4	
12	Greenwich	19,594	42	28	21	11.6	13.2	7	1	3	
13	Groton	6,875	12	8	7	12.2	10.5	1	1	5	
14	Hamden	6,896	10	4	5	8.7	10.9	2	1	1	
15	Hartford	112,832	345	24	124	193	15.8	11.6	47	14	42
16	Killingly	6,374	9	5	6	9.3	13.1	2	1	2	
17	Manchester	15,855	47	19	9	6.0	7.7	1	1	4	
18	Meriden	34,522	98	2	19	49	14.5	11.6	8	2	15
19	Middletown	23,127	41	3	18	54	14.0	12.6	1	2	17
20	Naugatuck	14,313	43	8	10	8.3	10.2	4	1	1	
21	New Britain	55,385	153	37	58	11.9	9.4	25	2	3	
22	New Haven	152,271	438	9	189	174	13.0	12.8	27	9	43
23	New London	21,198	53	35	27	11.8	13.7	5	1	8	
24	New Milford	5,157	9	5	1	2.3	9.3	1	1	1	
25	Norwalk	27,333	57	23	31	11.8	15.6	7	1	11	
26	Norwich	30,822	75	3	20	48	15.5	13.4	10	2	10
27	Orange	14,386	19	11	13	9.1	11.2	1	1	5	
28	Plainfield	8,103	16	3	2	2.9	6.4	1	1	1	
29	Plymouth	6,621	18	3	5	9.0	9.4	1	1	2	
30	Putnam	7,276	13	4	4	6.5	4.9	1	1	1	
31	Seymour	5,694	14	7	5	10.5	15.1	2	1	1	
32	Shelton	7,254	23	6	8	8.2	15.1	1	1	4	
33	Southington	6,965	20	1	4	6.8	12.1	1	1	1	
34	Stafford	5,907	5	7	5	10.1	12.4	1	1	1	
35	Stamford	36,127	79	3	42	55	17.2	14.1	10	3	11
36	Stonington	9,595	22	8	12	15.0	7.5	3	1	4	
37	Stratford	7,208	35	9	6	9.9	12.0	1	1	3	
38	Torrington	20,040	39	2	18	8.9	14.1	3	1	4	
39	Vernon	9,519	13	9	13	16.3	6.3	1	1	4	
40	Wallingford	12,720	20	3	3	2.8	13.4	1	1	1	
41	Waterbury	89,195	258	9	75	93	12.1	10.2	22	7	14
42	West Hartford	5,984	10	5	10	20.0	16.6	1	2	4	
43	Winchester	9,345	18	6	17	20.5	13.0	2	1	5	
44	Windham	14,403	35	10	21	14.9	13.6	5	2	5	
Total of above towns . . .		1,043,119	2835	97	1016	1274	14.6	13.6	255	75	301
Towns of less than 5,000 . .		222,770	302	11	140	226	12.1	13.0	22	7	104

Non-resident deaths in public institutions are not included in the death rates of the towns.

OF HEALTH FOR THE MONTH OF OCTOBER, 1917

FOR SEPTEMBER, 1917

DEATHS FROM IMPORTANT CAUSES.														EXTERNAL CAUSES.						
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.	Deaths in Institutions.	Deaths of Non-residents.	Line Number.
13	1	1	1	1	13	28	8	117	21	90	4	1	148	90	107	13	2	432	192	1
1	1	1	1	1	2	1	1	1	1	1	1	1	2	5	1	1	1	1	1	2
4	1	1	1	1	1	1	1	18	1	12	1	1	17	9	11	1	1	60	11	3
1	1	1	1	1	1	2	1	2	1	3	1	1	2	3	1	1	1	11	6	4
1	1	1	1	1	2	1	1	1	1	1	1	1	2	1	2	2	2	6	4	7
1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	8
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3	1	1	1	1	2	3	8	6	13	3	1	1	26	20	8	3	99	44	15	14
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12	1	1	1	1	11	25	8	101	20	76	4	1	133	82	88	10	2	393	152	
1	1	1	1	1	2	3	1	16	1	14	1	1	15	8	19	3	1	39	40	

LABORATORY REPORT—OCTOBER

C. J. Bartlett, M. D. Director.

Bacteriological examinations and analyses

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis.....	67	343	—	410
Diphtheria, release.....	37	92	—	129
Syphilis.....	59	232	16	307
Tuberculosis.....	39	76	—	115
Typhoid Routine.....	20	35	4	59
Norwich Hospital for the Insane...	36	910	—	946
Malaria.....	—	3	—	3
Gonococcus.....	13	61	—	74
Rabies.....	7	2	—	9
Glanders.....	9	7	3	19
Pyelonephritis.....	—	1	—	1
Samples of feces for typhoid.....	—	30	—	30
Milk samples examined (from 10 towns).....				119
Water samples examined.....				43
Sewage and effluents examined.....				7

Total Laboratory operations during October..... 2,271

MONTHLY METEOROLOGICAL SUMMARY

Hartford, Connecticut, for October, 1917

MONTHLY SUNSHINE RECORD

Number of hours actual sunshine, 176.1

Number of hours possible, 343.1

Percentage of possible sunshine, 51

WEATHER

Number of days, clear.....	13
Partly cloudy.....	7
Cloudy.....	11
On which .01 inch, or more, occurred	13

Total Precipitation this month in

1906-5.54	1907-4.53	1908-1.67	1909-1.40
1910-0.77	1911-7.30	1912-1.26	1913-9.25
1914-3.05	1915-2.74	1916-1.08	1917-5.30

PRECIPITATION

Total this month.....	5.30
Total snowfall.....	0.0
Greatest precipitation in 24 hours, date 30th.....	1.71
Snow on ground end of month.....	0.0
Normal for this month.....	3.86
Excess for this month as com- pared with the normal.....	1.44
Accumulated deficiency since Jan. 1.	0.99

ATMOSPHERIC PRESSURE

(Reduced to sea level; inches and hundredths)
Mean...30.06; highest 30.45...date 18th
Lowest.....29.33 date 30th

TEMPERATURE

Highest...70, date 19th; lowest 31;...date 21st
Greatest daily range 29.....date 30th
Least daily range 6;.....date 9th
Mean highest....58.4: lowest.....40.8

Mean for this Month in

1906-53	1907-49	1908-55	1909-51
1910-55	1911-52	1912-56	1913-57
1914-56	1915-54	1916-54	1917-50

Mean for this month.....	49.6
Normal for this month.....	51.2
Absolute maximum for this month for 14 years.....	90.
Absolute minimum for this month for 14 years.....	25.
Average daily deficiency this month as compared with normal.....	1.6
Accumulated deficiency since Jan. 1.	144.
Average daily deficiency since Jan. 1.	0.5

WIND

Prevailing direction..... South
Total movement..... 5,885 miles
Average hourly velocity..... 7.9
Maximum velocity (in five minutes) 39
miles per hour, from S. W. on 30th.

U. S. Department of Agriculture Weather Bureau.

WILLIAM W. NEIFERT, METEOROLOGIST

IMPORTANT — ANTITOXIN

Antitoxin supplied by the State Department of Health for free distribution will hereafter be wrapped in labels of different color and the duplicate receipts omitted. The clinical report formerly enclosed in the package has been substituted by a "Physician's Receipt" to be mailed to the state department immediately after the antitoxin is administered.

Health Officers and Physicians are expected to observe the following instructions:

1. Health officers should keep a supply of antitoxin on hand at all times.
2. It should be kept COOL and DRY and if unused, be exchanged for a fresh supply one month before date of expiration.
3. To secure a supply of antitoxin the health officer should make requisition on the usual form.
4. The receipt accompanying the shipment should be signed and promptly returned.
5. Health officers are instructed to return monthly to the state department a list of physicians supplied with antitoxin and the kind and quantity supplied each. (Individual receipts no longer required.)
6. Physicians must not neglect to promptly fill out the receipt found in each package and to mail it at once to the state department.
7. All complaints regarding incomplete packages or parts should be filed promptly.

The antitoxin supplied is the best obtainable and is produced under government supervision. We will further safeguard the supply by occasional inspections of the plant and laboratory examinations of the product.

STOP, LOOK AND THINK

8 EGGS

45¢



=

1 lb. BAKED BEANS

15¢



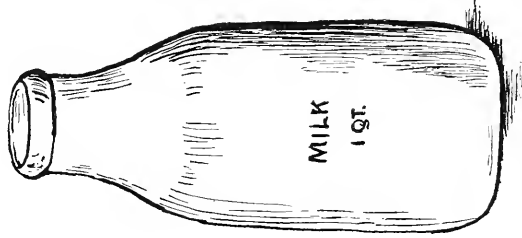
=

6 oz. CHEESE

17¢



=



1 lb. BEEF

30¢



=

15 oz. FOWL

25¢



=

1 lb. FISH

15¢



=

EVEN AT 14¢ A QUART

MILK IS AN ECONOMICAL FOOD

GIVE THE CHILDREN ALL THE MILK THEY WANT
AND SAVE DOCTOR'S BILLS

SEE PAGE 5.

LIBRARY
HYGIENIC LABORATORY
WASHINGTON, D. C.
31 DEC '7



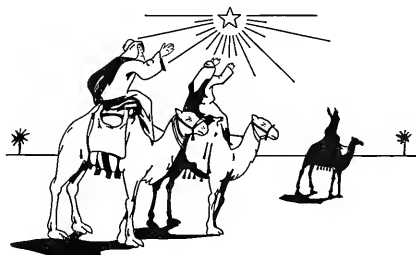
Connecticut Health Bulletin

Issued Monthly by

The State Department of Health

JOHN T. BLACK, M. D., *Commissioner*

DECEMBER, 1917



Christmas Greetings

THE STATE DEPARTMENT OF HEALTH

HARTFORD, CONNECTICUT

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JOHN T. BLACK, M. D.

DIRECTOR — BUREAU OF VITAL STATISTICS THE COMMISSIONER
DIRECTOR — BUREAU OF LABORATORIES C. J. BARTLETT, M. D.
DIRECTOR — BUREAU OF PREVENTABLE DISEASES . . T. EBEN REEKS, M. D.
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STATE CAPITOL

HARTFORD

Telephone—Charter 577

CONNECTICUT HEALTH BULLETIN

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VOL. XXXI

HARTFORD, DECEMBER 20, 1917

No. 12

STREAM POLLUTION

It is good news to report that the Industrial Wastes Board has determined upon a policy to be pursued in the study and elimination of industrial wastes. It is still better news to report that the manufacturers throughout the state are heartily co-operating.

At a recent meeting, all problems which had arisen since the board was organized to assist the Department of Health, were considered individually and classified.

Of the fifty problems so presented, those pertaining to municipalities or institutions were referred back to the Department of Health, while those occasioned directly or indirectly by industrial wastes were taken up for intensive study.

Two lines of investigation will be followed: First, the study of special kinds of waste, such as iron, silk, paper, etc., by chemical analyses and experiments for the purpose of determining economical and efficient means of reclamation or disposal. Second, the study of stream flow, character and amount of pollution, rainfall, etc., of designated areas for the purpose of determining the feasibility of introducing general measures for the relief of overburdened streams.

Both lines of study will doubtless bring good results; the first will bring more prompt relief in individual cases or classes of industries, but the second will, if it develops practicable plans, afford more general and lasting relief.

Chemists and engineers are now being selected to take up this work at once.

The problems referred to the State Department of Health are mostly those of sewerage and sewage disposal, and are already receiving the attention of the recently organized Bureau of Sanitary Engineering.

Correspondence, requests for assistance and complaints regarding stream pollution of any nature should be addressed to the State Commissioner of Health, Hartford.

A CONNECTING LINK — THE THERMOMETER

One would hardly consider the clinical thermometer as one of the many ways in which communicable disease may be transmitted. Yet this danger must be seriously considered. While most physicians are very careful in the use of their thermometers to avoid infecting others, some are exceedingly careless and thoughtless.

With approximately ten per cent of the physicians not properly caring for thermometers, and probably transmitting more or less disease, an effort should be made to correct the evil.

It was not until after a series of observations the writer was convinced that careless handling of thermometers was of sufficiently frequent occurrence to warrant open discussion.

In two instances physicians have been observed returning the thermometer to its case after use without making any effort to cleanse it. One who had just taken the temperature of a smallpox patient, when asked for an explanation said he always disinfected the thermometer with carbolic acid when he reached his office, but admitted that he never thought of the possibility of the case being contaminated. Other doctors have been observed to merely wipe the thermometer with a dry or slightly moistened, soiled towel. Some pour a little cold water over the thermometer, replacing it in the case without drying or wiping, and still others wash the thermometer carefully but handle it with unwashed hands.

Just before a thermometer is used on any patient it should be thoroughly washed with cold water, and after it is used the doctor should first wash his hands and then wash the thermometer with soap and water and dry with a clean towel. Following its use in ordinary cases the thermometer should, in addition to the above treatment, be immersed in a carbolic solution or alcohol before being returned to its case. This should be observed without fail when used in cases that are suspected of being of an infectious nature.

If a doctor attempts to introduce an unwashed thermometer into your mouth, or the mouth of your child, quietly inform him that you are "fussy about such things" and would prefer to have him wash it before using. If perchance he takes offense, do not regret your action, for it is better to offend the doctor than to offend yourself or child by inviting an infectious disease. If he further neglects to properly cleanse the thermometer after using, one should seriously consider the advisability of employing a physician who takes proper precautions.

THE SANITARY CODE

The Sanitary Code is nearing completion and will be ready for presentation to the health officers some time in January. It will then be submitted to the Public Health Council for approval and adoption.

It is expected that the code will not only introduce uniform methods for the control of communicable disease, but it will, because of its detail, be of invaluable assistance to the health officer in handling difficult cases.

The public health laws of Connecticut in pamphlet form will be compiled and sent to the health officers at a later date. The delay is due to the fact that the Commission on Revision of the General Statutes, as appointed by the Legislature, will not have its report ready until July first.

BRAIN FAG

The tendency of the day is to squander our reserve of nervous energy, because we are living under high mental pressure.

The cure depends not so much in working less as in taking thought what we do after working hours.

Osler advises the cultivation of a hobby, Cabot says to "play" — in the right spirit.

The essential thing is to get recreation that really relaxes, that recreates, that affords refuge from to-day's cares and fortifies against to-morrow's. And here no one individual can dictate to another. For the man who works with his hands it may be something like reading or music, which will occupy his brain; to the man who works with his brain, it may be something which will occupy his hands. Each has to pick for himself some recreation that he enjoys and that he knows out of his own experience does him good.

But the first thing necessary is to appreciate the physiological truth that the nervous energy spent to-day must be restored by to-morrow; otherwise the individual will run down and will ultimately pay the price of "exhausted reserve."

Milwaukee Bulletin.

BAD AIR

"Experiments indicate that fresh air is needed at all times and in all places. While we have changed our ideas as to what causes bad air, ventilation is just as essential to remove the heat produced by human bodies as it was once thought to be to remove the carbon dioxide produced by human lungs, and it is now proved also to be essential for carrying away chemical products which exert a measurable effect upon the appetite for food. People who live and work in overheated and underventilated rooms are reducing their vitality and rendering themselves an easy prey to all sorts of diseases, such as tuberculosis, pneumonia, grippe, etc."

From "Ventilation Report"—C. E. A. Winslow.

NOTES ON PREVENTABLE DISEASES

T. E. Reeks, M. D., Director

The Bureau of Preventable Diseases, now a little over a month old, expects to be in a position to give ready assistance to health officers asking for aid in checking up cases of communicable disease in their towns; also, to supply them with data relative to certain communicable diseases existing in nearby towns, in order that they may take necessary precautions to prevent invasion of their jurisdictions.

The value of the Bureau of Preventable Diseases will depend very largely on the co-operation of local health officers.

FIGHTING EQUIPMENT

The isolation and control of a communicable disease in an intelligent home that offers reasonably good sickroom facilities, may be sufficiently obtained to protect public health; but a communicable disease in a home that does not afford even the convenience of clean bedding is a menace to others. This menace is due almost wholly to the want of bedside disinfection and proper disposal of the patient's excretions and secretions, which is not carried out because of the need of instruction, and to the lack of necessary equipment.

The control of this class of cases constitutes a very real problem to the health officer who has no isolation hospital back of him, and the question arises "how shall he deal with it to best protect public health?"

When hospitalization or trained assistance is not to be had, considerable protection may be secured by the health officer supplying at the expense of the town, or by private donations, the necessary paraphernalia (bed pans, rubber sheets, gauze handkerchiefs, disinfectants, articles of bedding, etc.) to carry out bedside disinfection.

Of course, the charity department or the first selectman may supply the needs after an investigation of the financial condition of the family; but this would take time, and help should be given early in order to establish prompt control.

The number of calls for such help will depend upon the make-up of the community. In a manufacturing town they will average one for each thousand of population per year. The financial burden is almost nothing, for rubber sheets and bed pans can be used many times.

Of course, filthy bedding or other articles replaced by the health officers are burned or thoroughly disinfected.

The experience of one health officer who supplies in needy cases the "fighting equipment" is that, with such material help, his instructions are more closely followed by the family and that the number of contact cases are reduced. He does this without any expense to the town as the articles are donated by public spirited citizens.

Is it not within the province of every health officer to likewise supply such equipment? And is it not a very real and practical means of controlling communicable diseases occurring in homes that lack such needs?

AVERAGE DURATION OF QUARANTINE FOR DIPHTHERIA

From the health administrator's point of view there should be no average length of time of quarantine for diphtheria.

Any health officer who releases a diphtheria convalescent, based on any such principle as the average length of illness, or on the subsidence of the clinical symptoms, is absolutely unfair to the community, the health of which is intrusted to his care.

That diphtheria bacilli may, and often do, persist in the nose and throat after the patient convalesces, and that their presence can be determined by cultural methods only, should be too well known to warrant repeating. Yet, there are some health officers who still release diphtheria cases based on clinical symptoms alone.

TERMINAL vs. BEDSIDE DISINFECTION

Much good would result if health officers would devote part of the time they spend in burning candles at the termination of a communicable disease, in instructing the family at the beginning of the illness in the proper methods of bedside disinfection. Terminal fumigation without such concurrent disinfection gives a sense of false security.

LABORATORY NOTES

C. J. Bartlett, M. D., Director

In this and in subsequent brief articles, which will appear in the Bulletin, it is planned to discuss certain features of the laboratory work of the Connecticut State Department of Health. The object of these articles is to bring health officers, the medical profession of the state as a whole, and all others in Connecticut who are interested in public health problems in which the laboratory may play a part, into closer touch with its work in order to increase its value to the entire community.

The Laboratory is now well established in its new quarters on the ground of the Connecticut Agricultural Experiment Station in New Haven. The change in location from Middletown to New Haven will, we are confident, prove to have been a move in the line of efficiency. From the standpoint of transportation facilities, the Laboratory has been made more accessible for the majority of those who use it for the aid in diagnosis which it can furnish. While the space which has been so generously provided by the directors of the Experiment Station for the use of the laboratory is necessarily limited, it is sufficient for carrying on the work which has so far been undertaken; and we have faith to believe that by the time these quarters are quite outgrown, which will be in the near future, a way will be found to provide a new commodious building for the permanent home of the laboratory on state grounds. Nothing short of this will meet the requirements of this branch of our public health work or the expectations of those most directly interested in advancing this.

The growth of the amount of work done in the laboratory year after year has been fairly constant; viewed from this standpoint and considering the small staff which has been able to carry on this work, the laboratory situation is fairly satisfactory. From another angle, however, it cannot be considered with so much complacency. There are 1,600 registered physicians in Connecticut. The great majority of these probably either call upon the laboratory for aid in diagnosis in suspected cases of diphtheria, typhoid fever, syphilis, malaria, etc., or do without laboratory assistance at all. The use of municipal, hospital and private laboratories is probably not great enough to raise any question regarding this. With this in mind, the number of specimens examined in the laboratory last month, 1,553, one of our heaviest months, is ridiculously small. This is less than one specimen per month per physician in the state. This bare statement in itself should be enough to make any physician who does not have other means for laboratory work consider how much benefit he is getting from the state laboratory, and whose fault it is that he is not getting more.

The laboratory is ready at all times to serve any physician and it is endeavoring to constantly improve the service in every way.

FEES FOR BIRTH AND DEATH CERTIFICATES

Complaints are constantly being received that certificates of births and deaths are not legibly or completely filled out. Investigation of these complaints has incidentally brought to our notice that many physicians do not receive a registration fee.

Section 4848 of the General Statutes provides that the town shall pay to an attendant furnishing a birth or death certificate the sum of twenty-five cents. As the law requires prompt filing of these certificates by the attendants, town officials should encourage compliance with the law by the prompt payment of the registration fees.

THE HEALTH OF THE SOLDIER BOY

NOVEMBER, 1917

Compared with the Statistics of the State of Connecticut

Military statistics from the Surgeon General's Report for the 4 weeks ending Nov. 2
State statistics from the Department of Health report for October

	REGULAR ARMY	NATIONAL GUARD All Camps	NATIONAL ARMY All Camps	CAMP DEVENS Ayer, Mass.	AMER. EXP. FORCES ABROAD	CONNECTICUT State
Pneumonia	7.3	35.2	20.5	1.8	10.7	*6.5
Dysentery	0.6	0.3	0.4	0.0	0.2	*.0
Veneral	110.	98.5	95.9	40.6	78.4	**1.6
Para-typhoid	0.0	0.02	0.02	0.0	0.0	0.0
Typhoid	0.05	0.47	0.7	0.0	0.0	0.5
Measles	34.6	406.5	176.2	10.0	45.9	3.65
Meningitis	0.3	2.6	3.9	0.0	1.9	0.05
Scarlet Fever	3.7	1.6	3.97	0.0	2.1	1.9

* Not reportable — Estimated from reported deaths.

** Incomplete reports — rate estimated on adult male population.

RATES ALL INDICATE AN ANNUAL RATE PER THOUSAND

MORTALITY SUMMARY—NOVEMBER

Total Deaths for November	1,456	Death Rate	12.8
Average death rate for November last five years			13.4
Annual death rate 1916			16.3
Deaths from communicable diseases			216
Percent of total deaths			14.8
Deaths under one year 228. Rate per thousand births			76

CASES—COMMUNICABLE DISEASES

REPORTED BY LOCAL HEALTH OFFICERS

NOVEMBER 1917

Cities, Boroughs, and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases See "Notes"	Other Diseases See "Notes"
STATE—TOTAL	1,238,723	57	1	414	217	248	338	6	1	161	36	33
Over 50,000 inhabitants:												
New Haven	148,951	3		24	11	32	23	1		24		
Bridgeport	120,688	2		6	10	6	38	2		34	G	
Hartford	110,354	15			32	37	51	1		14	G	
Waterbury	86,342	9		7	5	1	30			8		
New Britain	53,344	4		3	5	12	31			7		
From 25,000 to 50,000 inhabitants:												
Stamford (city)	30,622	1		41	1	1	4			6		C22
Meriden (city)	29,046			41	3	8	13			5		R1
Norwalk	26,778				1	10	1			2		
From 15,000 to 25,000 inhabitants:												
Danbury (city)	22,452				3		1			2		
Norwich (city)	22,236						5			3		
New London	20,925	1		1	1	1	7			7		
Greenwich (town & boro)	19,037	1		147	14	1						
Torrington (boro)	18,000	1		2	3		5			2		
Ansonia	16,634			7						3		
Bristol (city & town)	15,817				18	4	2			2		
Manchester	15,465					25	1			2		
From 10,000 to 15,000 inhabitants:												
Naugatuck (town & boro)	14,030				1					3		
Orange	13,838				1		7			2		
Middletown (city)	13,208	2			1	34	7				S1	
Willimantic (city)	12,605	1					4			2		
Enfield	11,531	1		29								
From 5,000 to 10,000 inhabitants:												
Wallingford (boro)	9,861			52	3	1	3			1		
Derby	9,627	1				5	5					
Middletown (town)	9,498				1		2			2	G2S15	
Winchester	9,228						3			2		
East Hartford	9,177	1			5		8			1		
Rockville (city)	8,391	2		1	1						S	
Norwich (town)	8,131	2					4			1		
Plainfield	7,857				1		7					C+
Stonington (town)	7,556			2	3	2	2					C1
Fairfield	7,121					2+						
Shelton (city)	7,129			1			2	1				
Stratford	6,945	1				23	1			4		
Southington (town & boro)	6,890				8	1	4			1		
Hamden	6,584			9	2		3					
Plymouth	6,336								1			
Branford (town & boro)	6,251				1	2	2					
West Hartford	5,781	1			2		2					
Seymour	5,533				3	1	1			2		
New Milford	5,133				3							
Glastonbury	5,117	1		1	3	3						
Meriden (town)	5,042						5					
From 2,000 to 5,000 inhabitants:												
Groton (town)	4,814						7	1			G6	
Milford	4,715			3	1					1		
Windsor	4,516				1		3					
Darien	4,444			10	2							
Watertown	4,300				1							
Stamford (town)	4,211			1	15							
Windsor Locks	4,106	1								1		
New Canaan (town & boro)	4,085				2							
Berlin	3,896			1	1					1		X1
Thomaston	3,672				1		2			1		
Salisbury	3,541			1								

CASES—COMMUNICABLE DISEASES

(CONTINUED)

Cities, Boroughs, and Towns	Estimated Population July 1 1916 U. S. Census Method	Typhoid Fever	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Cerebro Spinal Meningitis	Infantile Paralysis	Tuberculosis	Veneral Diseases See "Notes"	Other Diseases See "Notes"
Jewett City (boro)	3,502			10	2		8					
Danbury (town)	3,466				1							
Wethersfield	3,454			2								
Plainville	3,297					2						
Sprague	3,278				1					1		
Waterford	3,212				+		2					
Portland	3,167				+		6					
Montville	3,049	1			1	+	3			1		
Danielson (boro)	3,000					+						
Litchfield (town & boro)	2,879						1					
Simsbury	2,802	1					2					
Canton	2,764											
Wallingford (town)	2,585		1	4	1							M1
East Hampton	2,461			1						1		
South Windsor	2,393	1		1		2						
North Haven	2,308			1			3					
Cromwell	2,282									1		
East Haven	2,171						2					
Ellington	2,101									1		
Saybrook	2,070				10							
Mansfield	2,067									1		
Groton (boro est)	2,000					4				1		O1
Under 2,000 inhabitants:												
Cheshire	1,988				30							
Stonington (boro)	1,966			2								
Haddam	1,924	1										
Woodbury	1,784						2					
Redding	1,731						1					
Woodstock	1,702					4						
Somers	1,689				2					1		
Coventry	1,591					15						
Harwinton	1,576											M1
Madison	1,543			1								
Torrington (town)	1,500				1							
Windham (town)	1,478									1		
Chester	1,473				1						G1	M3
Preston	1,383						1			1		
Burlington	1,379									1		
Avon	1,358	1										
Sterling	1,327						2					
Rocky Hill	1,283						1					
Southbury	1,230						1					
Tolland	1,180						1					
Griswold (town)	1,177			1								
Brookfield	1,134									1		
Durham	1,064			1						1	G1	
Colchester (boro)	1,050	1										
Bozrah	898						1					
Canterbury	864					5				1		
East Granby	864						1					
Weston	826			1								
Voluntown	724						1				G1	
Roxbury	687						2					
Canaan	632					3						
Wolcott	553						1					
Prospect	526											M1
Bethany	482					1						C+

NOTE:—(s) syphilis; (g) gonorrhoea; (o) ophthalmia; (l) leprosy; (c) chicken pox; (m) mumps; (x) septic sore throat; (p) pellagra; (i) la grippe; (a) anthrax; (e) erysipelas; (t) trachoma; (r) rabies; + few; ++ epidemic.

DEATHS REPORTED TO THE STATE DEPARTMENT

ALSO BIRTHS AND MARRIAGES

Line Number.	Towns of more than 5,000 Inhabitants.	Estimated by School Census Ratio to U. S. Census	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, Nov. 1916.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut.	1,355,492	3017	104	1278	1456	12.8	14.8	228	74	417
2	Ansonia.....	16,693	52	...	14	20	14.3	10.9	6	4	3
3	Branford.....	7,033	6	1	4	7	11.9	3.8	3	...	2
4	Bridgeport.....	152,941	452	15	186	141	10.2	17.5	24	3	27
5	Bristol.....	16,814	44	4	17	15	10.7	11.3	...	2	2
6	Danbury.....	24,168	34	2	2	21	8.4	7.8	2	1	7
7	Darien.....	7,455	3	...	2	5	3.2	13.5	...	...	5
8	Derby.....	10,032	47	2	15	21	16.1	21.1	4	...	3
9	East Hartford.....	10,210	12	3	9	9	9.4	7.8	1	...	2
10	Enfield.....	11,913	29	1	10	10	10.0	18.7	1	3	2
11	Fairfield.....	10,622	23	1	9	7	6.7	20.2	...	2	3
12	Glastonbury.....	6,041	11	...	6	6	11.9	2.3	...	...	3
13	Greenwich.....	18,003	35	1	24	22	14.6	12.6	4	2	6
14	Groton.....	6,855	16	1	15	6	8.7	7.0	1	...	3
15	Hamden.....	8,911	21	...	5	4	5.3	7.2	...	...	2
16	Hartford.....	121,439	337	12	173	175	12.9	15.0	21	11	46
17	Killingly.....	7,178	16	...	8	10	16.7	16.8	2	...	3
18	Manchester.....	16,146	39	1	7	9	6.7	9.3	2	...	2
19	Meriden.....	31,758	74	4	41	46	13.9	10.5	1	4	12
20	Middletown.....	24,972	43	2	21	43	10.5	8.4	7	1	17
21	Milford.....	9,759	7	...	3	11	12.2	20.3	1	...	4
22	Naugatuck.....	13,360	33	1	7	12	10.7	8.5	2	1	5
23	New Britain.....	56,410	202	3	51	62	11.9	9.6	18	4	9
24	New Haven.....	158,540	392	14	192	177	12.1	14.5	25	10	41
25	New London.....	24,890	57	3	26	29	10.1	18.3	2	1	5
26	New Milford.....	5,166	10	...	5	5	11.6	7.0	...	...	4
27	Norwalk.....	27,364	46	2	18	33	13.1	15.2	10	2	6
28	Norwich.....	28,397	54	1	20	54	18.5	7.9	8	1	19
29	Orange.....	14,633	23	...	10	10	7.3	13.0	1	2	3
30	Plainfield.....	7,986	12	...	4	8	12.0	9.1	2	...	2
31	Plymouth.....	6,791	10	...	5	5	8.8	7.5	3	...	1
32	Putnam.....	8,186	15	...	9	9	10.2	11.6	1	...	3
33	Seymour.....	6,071	16	...	10	1	1.9	17.3	...	...	1
34	Shelton.....	7,972	9	1	5	9	6.0	8.4	2	...	...
35	Southington.....	8,610	20	1	6	9	12.5	12.1	2	1	3
36	Stafford.....	5,921	11	...	1	4	6.0	4.1	...	...	2
37	Stamford.....	37,626	88	6	34	44	12.7	12.0	9	2	16
38	Stonington.....	10,809	26	...	9	10	11.1	8.8	2	...	6
39	Stratford.....	11,192	26	...	8	8	8.5	12.0	...	...	4
40	Torrington.....	20,857	43	2	21	17	9.2	12.3	5	4	4
41	Vernon.....	8,716	13	...	6	7	8.2	12.6	1	...	1
42	Wallingford.....	11,335	22	...	8	8	8.4	9.6	1	1	...
43	Waterbury.....	92,355	254	8	72	95	11.8	16.9	28	4	15
44	Watertown.....	5,652	6	...	5	4	8.4	19.3	2	...	1
45	West Hartford.....	6,845	12	1	6	9	14.0	20.7	3	...	3
46	Westport.....	5,230	6	...	3	8	16.0	5.4	2	1	1
47	Winchester.....	9,831	27	...	7	17	19.5	14.3	2	1	8
48	Windham.....	13,907	31	1	8	14	10.3	11.0	1	...	5
49	Windsor.....	6,161	3	1	3	5	9.7	10.6	1	1	2
Total of above towns,...		1,139,756	2768	95	1130	1261	13.2	15.2	213	69	324
Towns of less than 5,000.,		215,736	249	9	148	195	10.7	12.6	15	5	93

Non-resident deaths in public institutions are not included in the death rates of the towns.

OF HEALTH FOR THE MONTH OF NOVEMBER, 1917

FOR OCTOBER, 1917

DEATHS FROM IMPORTANT CAUSES.															EXTERNAL CAUSES.					Line Number.
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis.	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.	Deaths in Institutions.	Deaths of Non-residents.	
10			11		10	25	16	14	10	114	2	1	146	30	102	16	3	431	205	1
			1			2		2					2	1	1	1				2
						3	1	15	1	9			18	3	14	2	1	53	11	3
								1		1			1		2	1				4
								2		2				1	4	1				5
																		7	4	6
								3		1			2	1	3		1	13	8	7
			3					1		1									1	8
					2			1		2			1		2				1	9
													1							10
								4		2			2		2			6		11
			2							1					1				1	12
													2							13
													2							14
																				15
1					1	4	3	14	2	10		1	15	3	15	1		92	43	16
							1	1					2							17
										2				1	1					18
							1	7		7			7		5	1		16	9	19
								3		1			10				26	21		20
							1	1		1			3		1			1		21
										2										22
1					2	1		5		4			8	4	8			16	6	23
			1		1	2		21	4	20	1		19	4	7	1	1	66	16	24
1					1			3	1	1	1		2		1	1		14	8	25
																				26
					1			3		3			5	1	4			5	3	27
1					1	1	1	10	1	2			3	1	3	1		21	10	28
										1			1		1				1	29
										1										30
										1					2					31
										1			1					2	2	32
								5												33
					1			1		1			2	1		1		5	5	34
										1					1			4	1	35
			1			1	2	1	1	5			4	3	1	3		10	4	36
													1							37
								2												38
						2	1			1			3					6	1	39
								2		2					1				1	40
						1		1		1			1							41
			2			1		1		1			1							42
4					1	4	1	4		5			9	2	7			26	4	43
								1												44
										2				1				4	1	45
										1					2				1	46
						1		1					1		1	1		2	1	47
								3		2			1		1			3	2	48
						1				1										49
8			10		9	24	12	119	10	99	2	1	128	29	90	15	3	401	170	
2			1		1	1	4	22		15			18	1	12	1		30	35	

LABORATORY REPORT—NOVEMBER

C. J. Bartlett, M. D., Director.

Bacteriological examinations and analyses

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis,	50	356	2	408
Diphtheria, release	56	163	1	220
Tuberculosis	20	78	—	98
Typhoid	36	30	4	70
Syphilis	106	272	38	416
Malaria	—	1	—	1
Glanders	13	30	6	49
Gonococcus	2	59	—	61
Rabies	7	6	1	14
Anthrax	—	1	—	1
Milk samples examined (from 12 towns)				165
Water samples analyzed				47
Sewage and effluents examined				3
Total Laboratory operations during November				1,553

MONTHLY METEOROLOGICAL SUMMARY Hartford, Connecticut, for November, 1917

MONTHLY SUNSHINE RECORD

Number of hours actual sunshine, 195.1

Number of hours possible, 294.9

Percentage of possible sunshine, 66

WEATHER

Number of days, clear	18
Partly cloudy	6
Cloudy	6
On which .01 inch, or more, occurred	5

Total Precipitation this month in

1906-2.90	1907-4.74	1908-0.92	1909-2.01
1910-4.36	1911-4.18	1912-3.53	1913-2.12
1914-2.38	1915-1.75	1916-2.83	1917-1.37

PRECIPITATION

Total this month	1.37
Total snowfall	0.4
Greatest precipitation in 24 hours, date 22-23rd	0.90
Snow on ground end of month	0.0
Normal for this month	3.82
Deficiency of this month as com- pared with the normal	2.45
Accumulated deficiency since Jan. 1	3.44

ATMOSPHERIC PRESSURE

(Reduced to sea level; inches and hundredths)
Mean....30.07; highest 30.62.....date 27th
Lowest.....29.45 date 22nd

TEMPERATURE

Highest..64, date 6th; lowest 13; ..date 27th
Greatest daily range 30.....date 15th
Least daily range 3;date 23rd
Mean highest....45.8; lowest.....29.1

Mean for this Month in

1906-41	1907-42	1908-41	1909-45
1910-39	1911-40	1912-44	1913-44
1914-41	1915-43	1916-41	1917-37

Mean for this month	37.4
Normal for this month	39.5
Absolute maximum for this month for 14 years	74.
Absolute minimum for this month for 14 years	13.
Average daily deficiency this month as compared with normal	2.1
Accumulated deficiency since Jan. 1	208.
Average daily deficiency since Jan. 1	0.6

WIND

Prevailing direction..... N. W.
Total movement..... 4,733 miles
Average hourly velocity 6.6 || Maximum velocity (in five minutes) 30 miles per hour, from N. W. on 18th | |

U. S. Department of Agriculture Weather Bureau.
WILLIAM W. NEIFERT, METEOROLOGIST

IMPORTANT NOTICE

Health Officers — Attention!

The Sanitary Code will require health officers to report to the State Department of Health within twenty-four hours all cases of communicable diseases coming to their attention. Owing to conditions brought about by the war, the Public Health Council has voted that the daily reporting by health officers should be started

January First

without waiting for the adoption of a code.

Blank forms will be provided before the date designated for such reports.

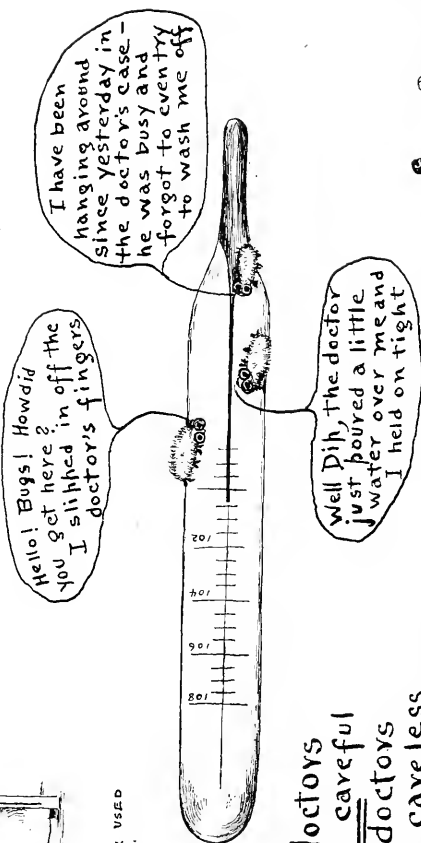
The usual monthly report of cases occurring within the health officer's jurisdiction will still be required.

Health officers are urged to consider this action as a war measure and to demonstrate their patriotism by hearty co-operation.

A CONNECTING LINK



DIPHThERIA -
THERMOMETER USED
11:00 A.M.



I have been hanging around since yesterday in the doctor's case - he was busy and forgot to even try to wash me off

Hello! Bugs! How did you get here? I slipped in off the doctor's fingers

Well Diph, the doctor just poured a little water over me and I held on tight

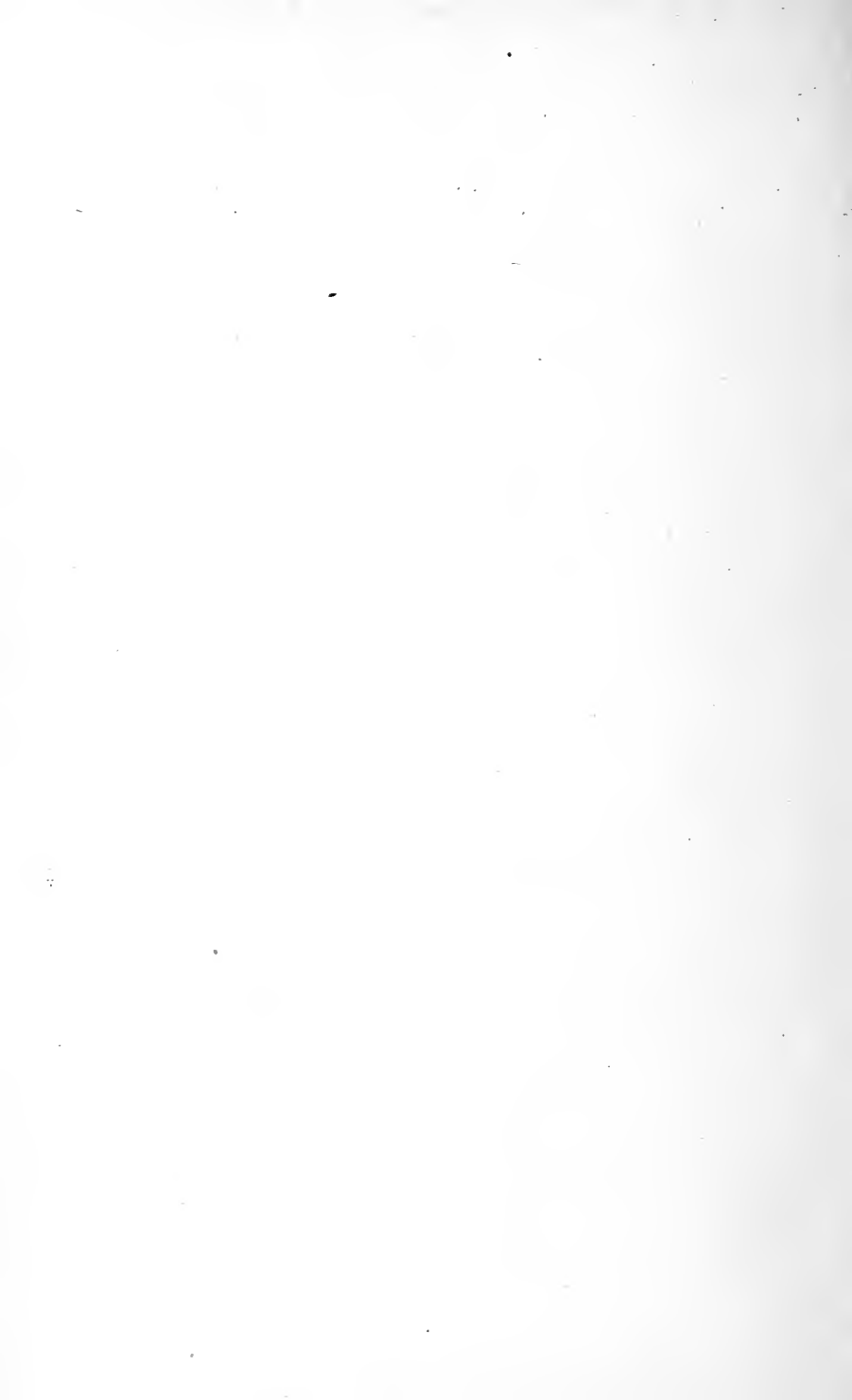
Most doctors are very careful
Some doctors are very careless.



COMMON COLD -
THERMOMETER USED
11:30 A.M.

ASSURE YOURSELF THAT YOUR DOCTOR
THOROUGHLY WASHES HIS THERMOMETER
BEFORE AND AFTER USING -





100-10000-1-1000
HYGIENIC LABORATORY
WASHINGTON, D. C.

